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INSTRUCTIONS

FOR

IEDICAL OFFICERS

OF THE

UNITED STATES NAVY.

PREPARED UNDER THE DIRECTION OF THE SURGEON-GENERAL OF THE NAVY, AND PUBLISHED BY ORDER OF THE SECRETARY OF THE NAVY.

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CONTENTS.

CHAPTER I.

THE BUREAU OF MEDICINE AND SURGERY.

A. Laws relating to its establishment.
B. Regulations defining the duties of the Bureau of Medicine and Surgery.
C. Estimates and appropriations relating to the Bureau of Medicine and Surgery.
(a) Laws relating to estimates.
(b) Instructions relating to the preparation of estimate blank form.
(c) Laws relating to appropriations.
(d) Instructions relating to appropriations.

CHAPTER II.

THE MEDICAL CORPS OF THE NAVY.

A. Laws relating to its organization.
B. Laws relating to appointments.
C. Regulations relating to appointments.
D. Instructions relating to the physical and professional examinations for appointment as assistant surgeon.
E. Instructions relating to the physical and professional examination for appointment as acting assistant surgeon.
F. Laws relating to promotions.
G. Regulations relating to promotions.
H. Instructions relating to the professional examination of assistant surgeons for promotion.
I. Instructions relating to the professional examination of passed assistant surgeons for promotion.
K. Instructions relating to the professional examination of surgeons for promotion.
L. Instructions relating to the professional examination of medical inspectors for promotion.
M. Instructions relating to the physical examination of officers for promotion in the several grades of the Medical Corps of the Navy.

CHAPTER III.

UNITED STATES NAVAL MEDICAL SCHOOL.

A. Regulations relating to the United States Naval Medical School.
B. Instructions relating to the United States Naval Medical School.

CHAPTER IV.

SURGEON OF THE FLEET.

A. Laws relating to appointment and defining duties.
B. Regulations relating to the fleet staff.
C. Regulations relating to the surgeon of the fleet.
D. Instructions relating to the surgeon of the fleet.

CHAPTER V.

THE DUTIES OF MEDICAL OFFICERS.

A. Laws relating to their duties afloat.
B. Regulations relating to their duties afloat.
  1. Senior and junior medical officers.
  2. The senior medical officer.
  3. Junior medical officers.
C. Instructions relating to their duties afloat.
D. Regulations and instructions relating to other duties.
  (a) Duties at navy-yards.
  (b) Duties at recruiting rendezvous.
  (c) Duties at naval hospitals.
  (d) Board duties.

CHAPTER VI.

Section I.—HOSPITAL CORPS OF THE NAVY OF THE UNITED STATES.

A. Law relating to its establishment.
B. Regulations relating to the Hospital Corps.
  1. General regulations.
  2. Regulations relating to pharmacists.
  3. Regulations relating to hospital stewards.
  4. Regulations relating to hospital apprentices—first-class, and hospital apprentices.
C. Instructions relating to the examination of applicants for enlistment in the United States Naval Hospital Corps.

Section II.—HOSPITAL CORPS DRILL.

A. Order authorizing its employment.
B. Instruction for the Hospital Corps aboard ship.

CHAPTER VII.

Section I.—UNITED STATES NAVAL HOSPITALS.

A. Laws relating to their establishment and management.
B. Regulations relating to their administration.
C. Instructions relating to their administration.
  (a) Duties of the medical officer in command.
  (b) Duties of the supervising surgeon.
  (c) Duties of junior medical officers.
  (d) General instructions for medical officers attached to hospitals.

Section II.—TRANSFER OF SICK AND DISABLED OFFICERS AND MEN.

A. Regulations relating to their transfer and disposition.
B. Instructions relating to their transfer and disposition.

CHAPTER VIII.

ARMY AND NAVY HOSPITAL, HOT SPRINGS, ARK.

A. Law relating to its establishment.
B. Board designated to draft rules for its government.
C. Regulations and Department circular relating to the admission of patients.
D. Instructions relating to the admission of patients.

CHAPTER IX.

Section I.—GOVERNMENT HOSPITAL—INSANE OF THE NAVY.

A. Laws relating to its establishment and administration.
B. Instructions relating to the admission of patients.

Section II.—MENDOCINO STATE HOSPITAL, CALIFORNIA.

A. Law relating to the care of insane patients on the Pacific coast.
B. Instructions relating to the admission of patients.

CHAPTER X.

THE MEDICAL JOURNAL.

A. Regulations relating to its preparation.
B. Instructions relating to its preparation.

CHAPTER XI.

Section I.—PHYSICAL EXAMINATION OF CANDIDATES FOR APPOINTMENT AS COMMISSIONED OFFICERS IN THE NAVY AND MARINE CORPS.

A. Laws relating to such examinations.
B. Regulations relating to such examinations.
C. Instructions relating to such examinations.

Section II.—PHYSICAL EXAMINATION OF OFFICERS OF THE NAVY AND MARINE CORPS FOR PROMOTION.

A. Laws relating to such examinations.
B. Regulations relating to such examinations.
C. Instructions relating to such examinations.

Section III.—PHYSICAL EXAMINATIONS OF CANDIDATES FOR ADMISSION INTO THE UNITED STATES NAVAL ACADEMY.

A. Laws relating to such examinations.
B. Regulation circular relating to such examinations.
C. Instructions relating to such examinations.

CHAPTER XII.

Section I.—ENLISTMENTS IN THE NAVY.

A. Laws relating to enlistments (general-service men).
B. Laws relating to the enlistment of minors.
C. Law relating to the enlistment of marines.
D. Regulations relating to enlistments (general-service men).
E. Regulations relating to the enlistment of apprentice seamen.
F. Regulations relating to the enlistment of marines.

Section II.—PHYSICAL EXAMINATION OF RECRUITS FOR ENLISTMENT IN THE NAVY AND MARINE CORPS.

A. Regulations relating to the physical examination of recruits (marines and general-service men).

B. Instructions relating to the physical examination of recruits (marines and general-service men).

(a) Instructions relating to the general examination of recruits.

(b) General disqualifications.

(c) Special disqualifications.

C. Regulations relating to the physical examination of apprentice seamen for enlistment.

D. Instructions relating to the physical examination of apprentice seamen for enlistment.

CHAPTER XIII.

OUTLINE FIGURE CARD.

A. Blank form employed and instructions relating to its preparation.

CHAPTER XIV.

Section I.—SURVEYS ON THE PERSONNEL.

A. Regulations relating to medical surveys.

B. Instructions relating to medical surveys.

Section II.—SURVEYS ON MATERIAL.

A. Regulations relating to surveys on material.

B. Instructions relating to surveys on material.

CHAPTER XV.

MEDICINES AND MEDICAL ATTENDANCE—DEATH CERTIFICATES—FUNERAL EXPENSES.

A. Laws relating to the several subjects.

B. Decisions of the Comptroller of the Treasury.

C. Regulations relating to—

(a) Medicines and medical attendance.

(b) Certificates of death.

(c) Funeral expenses.

D. Instructions relating to—

(a) Medicines and medical attendance.

(b) Certificate of death.

(c) Funeral expenses.

(aa) Officers of the Navy.

(bb) Enlisted men of the Navy.

(cc) Officers of the Marine Corps.

(dd) Enlisted men of the Marine Corps.

CHAPTER XVI.

Section I.—SUPPLIES OR SERVICES.

A. Laws relating to their procurement.
B. Regulations defining the forms of purchase.

Section II.—MEDICAL SUPPLIES.

A. Regulations specifying the control of medical supplies.

Section III.—PUBLIC BILLS (VOUCHERS).

A. Regulations relating to their preparation.

Section IV.—REQUISITIONS.

A. Instructions relating to their preparation and disposition.
B. Classification of requisitions.
I. Open contract, personal service, and open purchase requisitions, ashore.
II. Open contract and open purchase requisitions, afloat.
III. Naval medical supply depot requisitions, ashore and afloat.

Section V.—MEDICINE AND SURGERY (vouchers).

A. Instructions relating to their preparation and disposition.
B. Classification of vouchers.
I. Public bills (vouchers), on shore.
II. Public bills (vouchers), afloat.
III. Naval medical supply depot (priced invoices), ashore and afloat.

CHAPTER XVII.

Section I.—MEDICAL INVOICES AND RECEIPTS—PROPERTY ACCOUNTABILITY—TRANSFER OF STORES.

A. Regulations relating to invoices and receipts of medical stores, supplies, and transfer of stores.
B. Instructions relating to invoices and receipts of medical stores, supplies, and transfer of stores.
C. Instructions relating to accountability for property expended.

Section II.—OUTFITS AND SUPPLIES FURNISHED FROM THE NAVAL MEDICAL SUPPLY DEPOTS.

A. Regulations relating to the manner of making requisitions.
B. Instructions relating to the manner of making requisitions.
C. Instructions relating to the supply table.
D. Instructions relating to vaccine virus and antitoxins.
E. Classification of articles embraced on the supply table.

CHAPTER XVIII.

WEIGHTS AND MEASURES.

A. Laws authorizing their employment.
B. Tabular statement of the metric system.
C. Instructions relating to the use of the metric system.

CHAPTER XIX.

SANITARY REGULATIONS—SANITARY REPORTS.

A. Regulations relating to sanitary duties.
  (a) The commander in chief.
  (b) The surgeon of the fleet.
  (c) The captain.
  (d) The senior medical officer.
B. Instructions relating to sanitary duties.
  (a) Sanitary instructions afloat.
  (b) Sanitary instructions for landing parties.
C. Regulations relating to sanitary reports.
D. Instructions relating to sanitary reports.
  (a) Sanitary reports relating to shore stations.
  (b) Sanitary reports relating to ships.

CHAPTER XX.

Section I.—QUARANTINE—BILLS OF HEALTH.

A. Laws relating to quarantine and bills of health.
B. Regulations relating to quarantine and bills of health.
C. Instructions relating to quarantine and bills of health.

Section II.—DISINFECTANTS AND THEIR APPLICATION IN DISINFECTION.

A. Physical disinfectants.
B. Gaseous disinfectants.
C. Chemical solutions.
D. Application of disinfectants in disinfection.

CHAPTER XXI.

MEDICAL DEPARTMENT IN BATTLE.

Section I.—ABOARD SHIP.

Section II.—ON SHORE.

CHAPTER XXII.

NOMENCLATURE OF DISEASES.

A. Instructions relating to its employment.
B. Classification of diseases.

CHAPTER XXIII.

BLANK (LETTER) FORMS.

A. Regulations relating to their employment.
B. Instructions relating to their employment.

CHAPTER XXIV.

REPORTS AND RETURNS RELATING TO THE MEDICAL DEPARTMENT OF THE NAVY.

A. Reports and returns from cruising ships.
B. Reports and returns from receiving ships and shore stations.

APPENDIX.

CHAPTER I.

UNITED STATES NAVAL HOSPITAL FUND.

A. Laws relating to its establishment.
B. Regulations relating to its employment.
C. Information relating to the naval hospital fund.
  (a) The origin of the naval hospital fund.
  (b) Continuous sources of revenue to the naval hospital fund.
  (c) Specific sources of revenue to the naval hospital fund.
  (d) Objects of expenditure from the naval hospital fund.

CHAPTER II.

NAVY PENSION FUND.

A. Laws relating to the navy pension fund.
B. Regulations relating to the navy pension fund.
C. Information relating to the navy pension fund.

CHAPTER III.

GENEVA CONVENTION.

I. Original convention.
II. Additional articles.
III. Articles concerning the marine.

INSTRUCTIONS FOR MEDICAL OFFICERS OF THE UNITED STATES NAVY.

CHAPTER I.

THE BUREAU OF MEDICINE AND SURGERY.

A. *Laws relating to its establishment.*

I. Establishment of bureaus.—Sec. 419, R. S.
II. Custody of books and records of bureaus.—Sec. 420, R. S.
III. Appointment of chiefs of bureaus.—Sec. 421, R. S.
IV. Chief of Bureau of Medicine and Surgery.—Sec. 426, R. S.
V. Staff officers who have been chiefs of bureaus.—Sec. 1436, R. S.
VI. Rank and title of certain chiefs of bureaus.—Sec. 1471, R. S., act March 3, 1899.
VII. Rank of chiefs of bureaus retired.—Sec. 1473, R. S., act March 3, 1899.
VIII. Assistant to Bureau of Medicine and Surgery.—Sec. 1375, R. S.

B. *Regulations defining the duties of the Bureau of Medicine and Surgery.*

I. (1) Naval medical supply depots, naval hospitals, and dispensaries.
II. (2) Supplies, medicines, and instruments.
III. (3) Designing and erecting the buildings in navy-yards.
IV. (4) Construction and maintenance of buildings outside of navy-yards.
V. (5) Inspection and storage of all medical supplies.
VI. (6) To superintend all work done under it.
VII. (7) Control and organization of its own employees.
VIII. (8) Cost of all work to be defrayed from its own funds.
IX. (9) Bureau's orders, how transmitted.—Art. 11, N. R.

C. *Estimates and appropriations relating to the Bureau of Medicine and Surgery.*

(a) LAWS RELATING TO ESTIMATES.

I. Estimates for expenses.—Sec. 430, R. S. to 3671
II. Manner of communicating estimates.—Sec. 3660, R. S. Sec 2, Act July 7, 1884
III. Classification in Book of Estimates.—Act February 23, 1881. June 22, 1906
IV. Requisites for estimates for appropriations for public works.—Sec. 3663, R. S.
V. Estimates to be submitted to Congress.—Sec. 3669, R. S.
VI. Department estimates to be furnished before October 15 annually.—Sec. 5, act March 3, 1901.
VII. Secretary of Treasury to make estimates if none furnished.—Sec. 5, act March 3, 1901.
VIII. What statements shall accompany estimates.—Sec. 3670, R. S.

IX. What additional explanations are required.—Sec. 3664, R. S.

X. Amount of outstanding appropriations to be designated.—Sec. 3665, R. S.

XI. Items of expenditure to be specified in estimates and accounts.—Sec. 3666, R. S.

(b) INSTRUCTIONS RELATING TO THE PREPARATION OF ESTIMATE BLANK FORM.

I. The Treasury Department prepares and distributes among the several Executive Departments an estimate blank form, covering the estimates of appropriations for each of the bureaus in the different Departments of the Government for the service of the next fiscal year.

II. The estimate blank form is provided with the following columns, which must be filled out by the several bureaus before submitting their annual estimates for the consideration of the heads of their respective Departments:

Column 1.—"General object. (Title of appropriation.)"

This column should contain, as nearly as possible, the title adopted for the same object in the Book of Estimates for the preceding year, and in estimating for new objects the title of the appropriation should be put in as few words as possible.

Column 2.—"Detailed objects of expenditure, and explanations."

The details and explanations of each estimate should appear in this column, and should be as full and explicit as possible. Where the law does not require the amounts to be given in detail, it is necessary to state only the objects for which the expenditure is to be applied, without giving the amount which will be required for each of the several items in detail.

Column 3.—"Date of acts, resolutions, or treaties authorizing or providing for the expenditures."

The dates of the several acts, resolutions, or treaties authorizing or providing for the expenditures under this column must be fully stated.

Column 4.—"References to Statutes at Large or to Revised Statutes."

Subcolumns under this heading should show the volume or page of the Statutes at Large or the appropriate section in the Revised Statutes.

Column 5.—"Estimated amount which will be required for each detailed object of expenditure."

Column 6.—"Total amount to be appropriated under each head of appropriation."

Column 7.—"Amount appropriated for the current fiscal year ending June 30, 190—."

III. Estimates for salaries or compensation should always be specific and should never be combined with the estimates for general or contingent expenses, nor should contingent or general expense estimates contain items for salaries or compensation.

IV. All estimates for contingent and general expenses pertaining to the Bureau of Medicine and Surgery are included in the naval appropriation bill. Estimates for the salaries of all civil employees in the Bureau of Medicine and Surgery are included in the legislative, executive, and judicial appropriation bill.

V. Estimates under the two appropriation bills must be submitted by the Bureau of Medicine and Surgery on separate estimate sheets. For the information and guidance of medical officers an "estimate blank form" is herewith appended.

Estimates of appropriations required for the service of the fiscal year ending June 30, 190—, by the ———.

General object. (Title of appropriation.)	Detailed objects of expenditure and explanations.	Date of acts, resolutions, or treaties authorizing or providing for the expenditures.	References to Statutes at Large or to Revised Statutes.			Estimated amount which will be required for each detailed object of expenditure.	Total amount to be appropriated under each head of appropriation.	Amount appropriated for the current fiscal year ending June 30, 190—.
			Vol. or R. S.	Page.	Sec.			

(c) LAWS RELATING TO APPROPRIATIONS.

I. Appropriation for Navy controlled by Secretary; for each bureau to be kept separately.—Sec. 3676, R. S.

II. Applications of moneys appropriated.—Sec. 3678, R. S.

III. No expenditures beyond appropriations.—Sec. 3679, R. S. amended by Act. Feb. 27, 19

IV. Restrictions on contingent, etc., appropriations.—Sec. 3682, R. S.

V. Drafts for War and Navy Departments.—Sec. 3673, R. S.

VI. Form of drawing and charging warrants.—Sec. 3675, R. S.

VII. Special appropriation available for two years.—Sec. 3685, R. S.

VIII. Permanent indefinite appropriations.—Sec. 3689, R. S.

IX. Expenditure of balances of appropriations.—Sec. 3690, R. S.

X. Disposal of balances after two years.—Sec. 3691, R. S.

XI. Unexpended balances to be covered into the Treasury.—Acts June 20, 1874; June 14, 1878.

XII. Auditing accounts by Auditor for the Navy Department.—Act approved July 31, 1894.

(d) INSTRUCTIONS RELATING TO APPROPRIATIONS.

I. The annual appropriations included in the naval appropriation bill that pertain to the Bureau of Medicine and Surgery are classified under the following fixed titles:

(a) Medical Department.

(b) Naval hospital fund.

(c) Contingent, Bureau of Medicine and Surgery.

(d) Repairs, Bureau of Medicine and Surgery.

II. For the information and instruction of medical officers the items of expenditure authorized by law under each of the Bureau's annual appropriations are indicated on the appended form:

Estimates of appropriations required for the service of the fiscal year ending June 30, 190–, by the Bureau of Medicine and Surgery, Navy Department.

Detailed objects of expenditure, and explanations.	Estimated amount which will be required for each detailed object of expenditure.	Total amount to be appropriated under each head of appropriation.	Amount appropriated for the current fiscal year ending June 30, 190—.
MEDICAL DEPARTMENT.			
For surgeons' necessaries for vessels in commission, navy-yards, naval stations, Marine Corps, and Coast Survey, and for the civil establishment at the several naval hospitals, navy-yards, naval laboratory and department of instruction, museum of hygiene, and Naval Academy...	.....	.....	.....
NAVAL HOSPITAL FUND.			
For maintenance of the naval hospitals at the various navy-yards and stations, and for care and maintenance of patients in other hospitals at home and abroad.....	.....	.....	.....
CONTINGENT, BUREAU OF MEDICINE AND SURGERY.			
For freight, expressage on medical stores, tolls, ferriages, transportation of sick to hospitals, transportation of insane patients; care, transportation, and burial of the dead; advertising; telegraphing; rent of telephones; purchase of books and stationery; binding of medical records, unbound books, and pamphlets; postage and purchase of stamps for foreign service; expenses attending the medical board of examiners; rent of rooms for naval dispensary; hygienic and sanitary investigation and illustration; sanitary and hygienic instruction; purchase and repairs of wagons and harness; purchase of and feed for horses and cows; trees, plants, garden tools, and seeds; furniture and incidental articles for the museum of hygiene, naval dispensary, Washington, naval laboratory, sick quarters at Naval Academy and marine barracks, surgeons' offices and dispensaries at navy-yards and naval stations; washing for medical department at museum of hygiene, naval dispensary, Washington, naval laboratory and department of instruction, sick quarters at Naval Academy and marine barracks, dispensaries at navy-yards and naval stations and ships and rendezvous, and for minor repairs on buildings and grounds of the United States Naval Museum of Hygiene, and all other necessary contingent expenses.....	.....	.....	.....
REPAIRS, BUREAU OF MEDICINE AND SURGERY.			
For necessary repairs of naval laboratory and department of instruction, naval hospitals and appendages, including roads, wharves, outhouses, sidewalks, fences, gardens, farms, and cemeteries.....	.....	.....	.....

III. In addition to the annual appropriations with fixed titles the Bureau of Medicine and Surgery, whenever the exigencies of the service require such action, submits estimates with specific titles for appropriations coming under its cognizance, such as the construction of hospitals, naval medical supply depots, quarters for officers, ambulances, and all other expenditures for which the regular appropriations are not available and which can not be undertaken without being authorized by a special enactment.

IV. The estimate of appropriation which provides for the pay of all clerical employees in the Bureau of Medicine and Surgery is submitted to the Department on a separate blank form. All expenditures relating to the compensation of the clerical force in that Bureau are appropriated for under the legislative, executive, and judicial appropriation act.

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CHAPTER II.

THE MEDICAL CORPS OF THE NAVY.

A. *Laws relating to its organization.*

I. Medical Corps; number of.—Sec. 1368, R. S., acts August 5, 1882; June 7, 1900; March 3, 1903.

II. Rank and title of medical officers.—Sec. 1474, R. S., acts March 3, 1899; March 3, 1903.

III. Retired for age or length of service, rank.—Sec. 1481, R. S., act March 3, 1899.

IV. When retired for causes incident to service.—Sec. 1482, R. S., act March 3, 1899.

B. *Laws relating to appointments.*

I. Appointments in, how made.—Sec. 1369, R. S.

II. Citizenship.—Sec. 1428, R. S.

III. Assistant surgeons, examination, age, etc.—Sec. 1370, R. S., amended by act of May 4, 1898.

IV. Acting assistant surgeons.—Sec. 1411, R. S., act February 15, 1879.

V. Acting assistant surgeons, temporary service.—Act May 4, 1898.

C. *Regulations relating to appointments.*

I. Appointments made subject to examination.—Art. 1731, paragraphs (1), (2), N. R.

II. Candidates for assistant surgeon.—Art. 1735, N. R.

III. Persons not presenting themselves for examination.—Art. 1747, N. R.

IV. Penalty for giving false certificates, etc.—Art. 1748, N. R.

V. Acceptance and oath.—Art. 1749, N. R.

VI. Uniform prescribed for acting assisting surgeons.—Art. 19, Uniform Regulations.

D. *General instructions relating to the physical and professional examinations for appointment as assistant surgeon.*

A candidate for examination and appointment in the Medical Corps of the Navy must be a citizen of the United States between 21 and 30 years of age, and must apply to the Secretary of the Navy for permission to appear before a naval medical examining board.

The application must be in the handwriting of the applicant, stating age and place of birth; also the place and State of which he is a permanent resident, and must be accompanied by letters or certificates from two or more persons of repute, testifying from personal knowledge to his good habits and moral character, and that he is a citizen of the United States.

NOTE.—The act of March 3, 1899, substitutes "rank of" for "relative rank of" wherever it occurs in the several sections of the Revised Statutes.

FORM OF APPLICATION.

———————,
————————, 190—.

SIR: I request permission to be examined for an appointment as assistant surgeon in the United States Navy.

I was born at ——, and was —— years of age on the —— day of ——, 190 , and am a citizen of the United States, residing in ——, county of ——, in the State of ——.

I inclose herewith certificates as to moral character, habits, and citizenship.

Very respectfully,

—— ——.

The Honorable SECRETARY OF THE NAVY,
Navy Department, Washington, D. C.

If, in reply to the above, the candidate receive a permit, he will notify the president of the naval medical examining board at the United States Naval Medical School, Washington, D. C., or at the United States Naval Hospital, Mare Island, Cal., the only places where the examinations are held, stating approximately the time at which he desires to be examined and requesting that a date be fixed for his examination.

THE EXAMINATION.

When a candidate presents himself for examination on the date fixed by the president of the board, he must bring wlth him testimonials as to character and professional fitness, diplomas, and a certificate that he is a citizen of the United States.

While it is not essential, it is desirable that candidates should be graduates in medicine and should have had hospital experience or at least a year's practice in their profession.

The examination usually occupies about nine days, and is conducted in the following order:

I.—Physical. II.—Professional. III.—Collateral.

(a) PHYSICAL EXAMINATION.

1. The physical qualifications of applicants for appointment as officers in the Medical Corps are decided upon by an examining board consisting of medical officers of the Navy. The physical examination of candidates will precede the mental and professional. No one found physically disqualified will be examined further. No material physical defect will be waived in any case for any reason.

2. A candidate must declare under oath that he labors under no mental or constitutional disease or weakness, or any other imperfection or disability that may interfere with the most efficient discharge of the duties of an officer in any climate.

3. Candidates for appointment as assistant surgeons must be between the ages of 21 to 30 years and will be required to satisfy the examining board regarding age.

4. The height of candidates must not be less than 5 feet 6 inches stripped.

Table of physical proportions for height, weight, and chest measurement.

Height.	Weight.	Chest (mean circumference).	Height.	Weight.	Chest (mean circumference).
Inches.	*Pounds.*	*Inches.*	*Inches.*	*Pounds.*	*Inches.*
66	132	33½	70	155	35½
67	134	34	71	162	36
68	141	34½	72	169	36½
69	148	34¾	73	176	36¾

It is not necessary that the applicant should conform exactly to the figures in the foregoing table, which is given to show what is regarded as a fair standard of physical proportions. A variation not exceeding 15 pounds in weight, or 1 inch in the mean chest measurement, below the standard given in the table, is admissible when the candidate for appointment is active, has firm muscles, and is evidently vigorous and healthy. A chest expansion of less than 2½ inches is a sufficient cause for the rejection of the applicant.

Any one of the following conditions will be sufficient to cause rejection:

(a) Feeble constitution, poor physique, impaired general health.

(b) Any disease or deformity, either congenital or acquired, which would impair efficiency, such as weak or deranged intellect, cutaneous disease, parasites of the skin or its appendages, deformity of the skull, abnormal curvature of the spine, torticollis, inefficiency of joints or limbs, deformity of joints or bones, either congenital or the result of disease or injury, epilepsy, or other convulsions, diseases of the eye, defective vision, color-blindness, impaired hearing or disease of the ear, chronic nasal catarrh, ozaena, polypi, great enlargement of the tonsils, impediment of speech, disease of heart or lungs, enlarged abdominal organs, evidence of sclerosis, tumors, hernia, undescended testicle, large varicocle, sarcocele, hydrocele, stricture, fistula, hemorrhoids, varicose veins, disease of the genito-urinary organs, deformed or diseased feet, evidences of intemperance or of the morbid use of drugs, loss of many teeth or teeth generally unsound (teeth properly filled not to be considered unsound). Every applicant must have at least 20 sound teeth, and of these not less than 4 opposed incisors and 4 opposed molars.

(c) Any acute disease.

5. Acuteness of vision must be not less than twelve-twentieths for each eye, unaided by glasses, and capable of correction by glasses to twenty-twentieths.

VIII. If the candidate is found to be not physically qualified, his examination shall be concluded; if found to be physically qualified, his examination is continued as follows:

IX. The candidate shall address a letter to the board, describing in detail his general and professional education.

(b) PROFESSIONAL EXAMINATION.

X. The candidate is examined in the following subjects, though not necessarily in the order herein mentioned:

	Percentages required.
Anatomy and physiology	80
Surgery	80
Medicine	80
Pathology and microscopy	70
Obstetrics and medical jurisprudence	60
Materia medica	80
Chemistry and physics	60
Hygiene and quarantine	80
General aptitude	80
Literature and scientific branches	80
Aggregate	750

XI. The candidate will be given a practical examination in the following subjects:

(a) Bandaging; (b) methods for arresting hemorrhage; (c) operations on the cadaver; (d) familiarity with clinical cases (one or more written reports being required), giving history, diagnosis, and treatment; (e) a knowledge of prescription writing;

(f) urinalysis (chemical and microscopical examinations of specimens of urine); (g) practical microscopy and recognition of mounted specimens (histological, pathological, and bacteriological; (h) recognition of surgical instruments and appliances.

XII. The candidate is examined orally on each subject in addition to the written work.

XIII. The percentages given are not absolute, however, as deficiencies in some branches may be made good in others, provided the standard is reached in the cardinal subjects of anatomy, physiology, medicine, and surgery.

(c) COLLATERAL EXAMINATION.

XIV. The candidate is required to be proficient in English, general history, and literature, and in the elements of botany, geology, and zoology.

XV. While due credit is given for a knowledge of languages and the sciences, it is not essential except in the case of physics. A knowledge of the common-school branches is required, and deficiency in this respect will cause rejection, even if passing marks may be gained in professional subjects.

XVI. The boards are required, under oath, to report on the physical; mental, moral, and professional qualifications of the candidate, so that the examinations are necessarily rigid and comprehensive, though simple and practical, and not beyond the attainments of any well-educated physician. The oral and written questions are similar to those asked by the best medical colleges in examinations for graduation.

XVII. A successful candidate, upon the completion of his examination, will be notified by the president of the board that he has been found qualified.

XVIII. With the consent of the board a candidate may withdraw at any period from further examination, and may at a future time present himself for reexamination. The board may conclude the examination (written, oral, and practical) at any time and may deviate from this general plan as it may deem best for the interests of the naval service.

XIX. The tenure of office in the Medical Corps of the Navy is for life, unless sooner terminated by removal, resignation, disability, or other casualty.

XX. No allowances will be made for the expenses of persons undergoing examination.

XXI. All successful candidates will receive appointments as soon after qualifying as may be practicable and in the order of merit reported by the board.

E. *Instructions relating to the physical and professional examinations for appointment as acting assistant surgeon.*

I. The physical examination of candidates for appointment as acting assistant surgeons shall conform in all respects to that prescribed in the regulations and instructions relating to the examination of candidates for appointment as assistant surgeons.

II. The professional examination of candidates for appointment as acting assistant surgeons shall be conducted in accordance with the regulations and instructions relating to the examination of assistant surgeons, subject to such modifications and limitations as may be prescribed by the Surgeon-General of the Navy.

F. *Laws relating to promotions.*

I. Rank of assistant surgeons in case of delayed examination.—Sec. 1372, R. S.

II. Passed assistant surgeons, promotion on examination.—Act February 13, 1897.

III. Appointment of surgeons.—Act February 13, 1897. Sec. 1371, R.S.

IV. Physical and professional examinations for promotion.—Secs. 1493–1510, R. S., acts June 18, 1878, August 5, 1882.

G. *Regulations relating to promotions.*

I. Professional and physical examinations for promotion of officers of the Navy.—Art. 1752, N. R.; Arts. 1763–1768, N. R.

II. Examination on foreign stations.—Art. 1754, N. R.

H. *Instructions relating to the professional examination of assistant surgeons for promotion.*

I. In the examination of officers for promotion the regulations require that the moral and professional shall precede the physical examination.

II. Officers undergoing examination for promotion from the grade of assistant surgeon to passed assistant surgeon are not examined orally, except in so far as it may be necessary to explain their written work.

III. The written examination shall embrace the following subjects:

(a) Letter to the board giving an account of his general and professional duties since his admission into the service.

(b) A thesis on some professional subject.

(c) Examinations in the following subjects, though the order may be varied at the discretion of the board:

	Percentages required.
General aptitude	80
Anatomy and physiology	80
Surgery	80
Medicine	80
Pathology and microscopy	70
Obstetrics and medical jurisprudence	60
Materia medica	80
Chemistry	60
Hygiene and quarantine	80
History	80
Physics	
Botany	
Geology	
Zoology	
Literature	
Medical Instructions, U. S. N. R., and Book of Instructions	

IV. Assistant surgeons are also examined practically on the following subjects:

(a) Operations on the cadaver.

(b) Clinical medicine.

(c) Practical chemistry.

(d) Practical bacteriology.

(e) Practical microscopy.

(f) Bandaging and the application of splints.

(g) Recognition of instruments and surgical appliances.

I. *Instructions relating to the professional examination of passed assistant surgeons for promotion.*

I. In the promotion of medical officers from the grade of passed assistant surgeon to surgeon, written examinations are required on the following subjects, the order of which may be varied at the discretion of the board:

(a) Thesis on general and naval hygiene.

(b) Thesis on clinical medicine, including recent progress in etiology, pathology, and therapeutics.

(c) Thesis on military surgery, including new operative procedures, and a familiarity with the technique of aseptic surgery.

(d) Navy Regulations, so far as they relate to the Medical Department or to the medical officer as an officer of the Navy; also on the Book of Instructions for Medical Officers.

II. Passed assistant surgeons are also examined practically on the following subjects:
(a) Operations on the cadaver.
(b) Practical surgery.
(c) Practical bacteriology.
(d) Practical microscopy.

K. *Instructions relating to the professional examination of surgeons for promotion.*

I. In the promotion of medical officers from the grade of surgeon to medical inspector the professional examination shall be conducted as follows:
(a) Thesis on some professional subject which has been a matter of study or observation by him since his last examination.
(b) Written examination on such professional subjects as may be suggested by the nature of the services performed by the candidate.

L. *Instructions relating to the professional examination of medical inspectors for promotion.*

I. In the promotion of medical officers from the grade of medical inspector to medical director the professional examination shall be conducted as follows:
(a) Thesis on some professional subject which has been a matter of study or observation by him since his last examination.
(b) Written examination on such professional subjects as may be suggested by the nature of the services performed by the candidate.

M. *Instructions relating to the physical examination of officers for promotion in the several grades of the Medical Corps of the Navy.*

I. In conducting the physical examination of officers for promotion in the several grades of the Medical Corps of the Navy, the board of medical officers conducting such examination shall be governed in all essential respects by the regulations and instructions prescribed for the examination of recruits.

II. Medical officers undergoing physical examinations for promotion shall certify, under oath, as to their physical condition as prescribed on physical certificate for medical examining board.

CHAPTER III.

UNITED STATES NAVAL MEDICAL SCHOOL.

A. *Regulations relating to the United States Naval Medical School.*

I. Order relating to its establishment.—General Order, No. 89, May 27, 1902.

II. Order changing name.—Department letter No. 19931, May 26, 1905.

B. *Instructions relating to the United States Naval Medical School.*

I. The senior member of the corps of instructors attached to the Naval Medical School shall be its president, who shall be charged with all duties relating to its administration.

II. (a) The faculty will consist of the heads of departments. The president of the school shall preside, and the junior member will act as secretary, a record being kept of all proceedings. The meetings of the faculty will be held on the first Monday of each month. (The president shall confer with the Chief of Bureau in regard to the recommendations and discussions at as early a date as practicable after the meetings.) Special points to be considered by the faculty are: Facilities for the work of the school and recommendations as to any improvement that may be considered necessary; duties of the members of the faculty in regard to their individual branches, with special reference to the instruction of the class as a whole, and individual members when required, in any branches in which they are deficient.

(b) Each member of the faculty shall submit a syllabus of his course to the president when directed, for the official files of the school.

III. Upon the completion of the session, examinations will be held by each instructor on the subjects treated in his department, and the result thereof, with a statement of the student-officer's fitness, shall be reported to the president.

IV. (a) At the beginning of the school year, assistant surgeons who have been commissioned during the previous year shall be ordered as soon as practicable to the United States Naval Medical School for duty and the prescribed course of instruction.

(b) Medical officers who desire to avail themselves of the course of instruction or of any of its branches, whose services can be spared, may be assigned to the school for such purposes upon recommendation by the Surgeon-General.

(c) By permission of the Surgeon-General, medical officers who desire to undertake research work and who have been detailed for duty in Washington or other place, may when their services can be spared, avail themselves of the advantages of the laboratories for their investigations.

V. The course of instruction for a session will cover a period of not less than five months annually, and shall embrace the following: Duties of medical officers, hygiene, medicine, surgery, bacteriology, chemistry, pathology, ophthalmology, optometry, and such other subjects, as medical zoology, naval law, alienation, etc., as may be desired.

In all these courses special attention shall be given to those features pertaining to the practical work of naval medical officers.

VI. Student officers shall be required to be present at all of the exercises of the school unless excused by the president of the faculty or other competent authority. They shall be considered on duty during the hours prescribed for school work, and shall be required to conform in all respects to the Regulations for the Government of the Navy and such orders as may be issued from time to time for their guidance and the maintenance of discipline.

CHAPTER IV.

SURGEON OF THE FLEET.

A. *Laws relating to appointment and defining duties.*

I. Surgeon of the fleet, appointed.—Sec. 1373, R. S
II. Duties of surgeon of the fleet.—Sec. 1374, R. S.

B. *Regulations relating to the fleet staff.*

I. Composition of fleet staff.—Art. 367, par. (1), (2), N. R.
II. Fleet staff embarked in flagship.—Art. 368, N. R.
III. Duty of fleet staff.—Art. 369, N. R.
IV. To inspect ships only when ordered.—Art. 370, N. R.

C. *Regulations relating to the surgeon of the fleet.*

I. Duty of surgeon of the fleet.—Art. 372, par. (1), (2), N. R.
II. Medical stores for the fleet.—Art. 372, par. (3), N. R.
III. Supervision over medical officers of the fleet.—Art. 372, par. (4), N. R.
IV. Inspection of a ship.—Art. 372, par. (5), N. R.
V. Suggestions to flag-officer.—Art. 372, par. (6), N. R.
VI. Inspection of naval hospitals.—Art. 372, par. (7), N. R.
VII. A report of the killed and wounded.—Art. 372, par. (8), N. R
VIII. Official reports and returns.—Art. 372, par. (9), N. R

D. *Instructions relating to the surgeon of the fleet.*

I. The surgeon of the fleet shall make himself familiar with and obey the laws, regulations, and instructions relating to his duties, and shall comply with the instructions contained in the general orders and circulars that may be issued by competent authority for his information and guidance.

II. He shall be held responsible by the commander in chief for all recommendations relating to the sanitary and hygienic efficiency of the fleet, and in the performance of such duties he shall exact from the medical officers of each ship of the fleet or squadron a rigid compliance with the laws, regulations, and fleet medical instructions.

III. Special instructions relating to sanitary matters pertaining to the fleet, or squadron, shall be submitted by him to the commander in chief with such recommendations as he may desire to make.

IV. Sanitary instructions relating to landing parties shall be prepared by the surgeon of the fleet, after consultation with the brigade surgeon, and shall be issued to the commander in chief for the guidance of all officers assigned to duty with such expeditionary forces.

V. The surgeon of the fleet is intrusted by law and the regulations with the duty of examining and approving all requisitions for medical supplies, and he shall be careful to see that in the use of such supplies there is no waste nor improper expenditure on the part of the medical officers of the fleet.

VI. The regulations require that reports of medical survey, certificates of death, statistical reports, and other returns pertaining to the Medical Department of the Navy shall be submitted to the surgeon of the fleet for examination and action before being forwarded to the Navy Department.

VII. The surgeon of the fleet shall examine carefully the annual sanitary reports submitted, as required by the Navy Regulations, by the senior medical officers of the fleet and shall see that they conform in all essential respects to the instructions relating to the preparation of such reports.

VIII. The surgeon of the fleet shall examine carefully the record contained in all reports of medical survey, and shall be careful to see that the instructions contained in the regulations relating to the preparation of such reports are complied with. Any evidences of incompleteness or carelessness in their preparation shall be reported to the commander in chief with the recommendation that they be returned to the board for correction.

IX. The surgeon of the fleet shall see that the regulations are complied with in the preparation of all certificates of death.

X. It shall be the duty of the surgeon of the fleet to make an inspection on the 1st of July and the 1st of January of each year (or more frequently, if deemed necessary) of the medical outfits for landing parties furnished each ship, and upon its completion he shall make a written report of the result of his examination to the commander in chief. A copy of the report shall be forwarded to the Bureau of Medicine and Surgery.

XI. It shall be the duty of the surgeon of the fleet to see that the senior medical officer of each ship in the fleet or squadron complies with the provisions contained in the Book of Instructions relating to the instruction of the crew in first-aid dressing.

XII. He shall require the senior medical officer of each ship to comply with the instructions contained in the Book of Instructions relating to the drill prescribed for members of the Hospital Corps.

CHAPTER V.

THE DUTIES OF MEDICAL OFFICERS.

A. *Laws relating to their duties afloat.*

I. Distilled spirits only as medical stores.—Sec. 1624, R. S.
II. Deaths and desertions.—Sec. 1624, R. S.
III. Health of the crew.—Sec. 1624, R. S.

B. *Regulations relating to their duties afloat.*

1. SENIOR AND JUNIOR MEDICAL OFFICERS.

I. Restrictions of leave.—Art. 1678, par. (4), N. R.
II. Reports indicating use of intoxicants.—Art. 254, par. (6), N. R.
III. Medical aid to persons not in the Navy.—Art. 433, N. R.
IV. Microscopes.—Art. 1167, N. R.
V. Medical certificates required.—Art. 1829, par. (1), and Art. 1912, par. (4), N. R.

2. THE SENIOR MEDICAL OFFICER.

I. When fitting out.—Art. 688, N. R.
II. To examine the crew.—Art. 689, N. R.
III. Vaccination.—Art. 690, N. R.
IV. To take charge of sick bay.—Art. 691, N. R.
V. Attention paid to sick.—Art. 692, pars. (1), (2), N. R.
VI. Professional treatment of the sick.—Art. 693, N. R.
VII. Daily report of the sick.—Art. 694, N. R.
VIII. Binnacle list.—Art. 695, N. R.
IX. Contagious and infectious diseases.—Art. 696, N. R.
X. Health of the port.—Art. 697, N. R.
XI. Suggestions.—Art. 698, N. R.
XII. Precautions.—Art. 699, N. R.
XIII. Malingering.—Art. 700, N. R.
XIV. Concealed diseases.—Art. 701, N. R.
XV. Additional attendance for the sick.—Art. 702, N. R.
XVI. To be ready for relief of wounded.—Art. 703, N. R.
XVII. Tourniquets.—Art. 704, N. R.
XVIII. Report of killed and wounded.—Art. 705, N. R.
XIX. Unofficial certificates of ill health.—Art. 706, N. R.
XX. To inspect the provisions for the crew.—Art. 707, N. R. Art 392, N. R.
XXI. Preparation of food.—Art. 708, N. R. " 614, N. R
XXII. Food for the sick.—Art. 709, N. R.
XXIII. Testing water.—Art. 710, N. R.
XXIV. To examine food and drink offered for sale.—Art. 711, N. R.
XXV. To inspect cells and prisoners.—Art. 712, N. R.
XXVI. Inspection of holds, etc.—Art. 713, N. R.
XXVII. Medical survey.—Art. 714, N. R.
XXVIII. Transfer of a patient.—Art. 715, pars. (1), (2), N. R.

XXIX. Patients in any other than a United States naval hospital.—Art. 716, pars. (1), (2), (3), (4), (5), (6), N. R.

XXX. Patients received for passage to the United States.—Art. 717, N. R.

XXXI. Certificates of death.—Art. 718, pars. (1), (2), N. R.

XXXII. Medical Journal.—Art. 719, pars. (1), (2), N. R.

XXXIII. Transmitting official papers.—Art. 720, N. R.

XXXIV. Reports on midshipmen.—Art. 721, pars. (1), (2), N. R.

XXXV. Medical storeroom.—Art. 727, N. R.

XXXVI. Custody of spirits, wines, and malt liquors.—Art. 728, N. R.

XXXVII. Loss of medical stores.—Art. 729, N. R.

XXXVIII. Reports of epidemics or contagious diseases.—Art. 733, N. R.

XXXIX. Station and duty in battle.—Art. 735, N. R.

XL. Station and duty at quarters.—Art 736, pars. (1), (2), N. R.

XLI. Surgeon's division.—Art. 737, pars. (1), (2), N. R.

XLII. A report of breaches of discipline to be made.—Art. 738, N. R.

XLIII. Duty in connection with summary courts-martial.—Art. 739, N. R.

XLIV. Absence or disability.—Art. 740, N. R.

3. JUNIOR MEDICAL OFFICERS.

I. General duty.—Art. 741, pars. (1), (2), (3), N. R.

II. To keep the medical journal.—Art. 742, N. R.

III. To consult with the senior medical officer.—Art. 743, N. R.

IV. Permission to leave the ship.—Art. 744, N. R.

C. *Instructions relating to their duties afloat.*

I. It shall be the duty of the medical officer and the assistants to instruct the crew at least once a week, at such times as may be practicable, on the following subjects:

(a) Conditions requiring artificial respiration—suspended or labored respiration in apparent drowning; gas poisoning (holds, wells, etc.), and from poisons (opium, wood alcohol, etc.).

(b) Conditions requiring stimulation—syncope, shock, heart failure, heat exhaustion, depressant poisons (alcohol and tobacco).

(c) Treatment of hemorrhage—position, tourniquet, and the application of first-aid dressings.

(d) Conditions not requiring stimulation—delirium or fever, mania, sunstroke (red form), convulsions.

(e) General treatment of poisons.

(f) Personal hygiene, including venereal diseases—their prevention, the prevention of their spread on board ship, and the importance of their treatment; care of the feet, abuse of tobacco and alcohol, drinking water, mosquitoes, flies, care of the mouth.

(g) Instruction in the handling of helpless individuals. (Improvisation of splints, temporary dressings, etc.)

(h) Treatment of burns and scalds.

II. All cases of tuberculosis, and those suspected of being tuberculous, shall be isolated. The further disposition of these cases shall be determined by a careful microscopical study of the sputum.

III. He shall see that the personnel of the medical department is at all times prepared for emergencies, especially during drills, coaling ship, and other evolutions. Due prominence should be given to the importance of their being immediately available for aseptic work.

D. *Regulations and instructions relating to other duties.*

(a) DUTIES AT NAVY-YARDS.

I. Control of work and of employees.—Art. 1701, par. (1), N. R.
II. Pay rolls.—Art. 1703, par. (1), N. R.
III. Attendance on officers' families.—Art. 1708, par. (1), N. R.
IV. Employees injured while at work.—Art. 1708, par. (2), N. R.
V. Daily sick report.—Art. 1708, par. (3), N. R.
VI. To examine recruits and candidates.—Art. 1708, par. (4), N. R.
VII. Applicants for pension.—Art. 1708, par. (5), N. R.
VIII. Junior medical officers at shore stations.—Art. 1709, N. R.

(b) DUTIES AT RECRUITING RENDEZVOUS.

The regulations and instructions relating to the duties of medical officers at recruiting rendezvous are contained in Sections I and II, Chapter XII, relating to the physical examination of recruits for enlistment in the Navy and Marine Corps.

(c) DUTIES AT NAVAL HOSPITALS.

I. The laws, regulations, and instructions for the guidance of medical officers in the performance of their duties while attached to naval hospitals, are contained in Section I, Chapter VII, relating to the establishment and administration of naval hospitals.

(d) BOARD DUTIES.

I. Medical officers are eligible for duty on the following boards:
1. Examining boards. (Sec. ~~1447~~, 1493, 1494, R.S.)
2. Retiring boards. (Sec. 1447, 1448, 1623, R.S.).
3. Medical boards.
4. Boards of survey (personnel).
5. Boards of survey (material).
6. Boards of inquest.
7. Boards of survey and inspection.

II. The regulations and instructions relating to the duties of medical officers on boards of survey on the personnel, and on surveys of property belonging to the Medical Department of the Navy, are contained in Sections I and II, Chapter XIV, relating to surveys on the personnel and on material.

III. In addition to the duties above specified, medical officers are eligible for assignment to duty in attendance upon officers and men of the Navy not otherwise provided with professional aid. They are also available for duty as sanitary inspectors, members of courts-martial, pension boards, and any other duties that the laws, regulations, and instructions pertaining to the Navy may prescribe, and that the exigencies of the service may require.

CHAPTER VI.

Section I.—HOSPITAL CORPS OF THE NAVY OF THE UNITED STATES.

A. *Law relating to its establishment.*

I. (1) Navy Hospital Corps; appointments, etc.; transfers; grade of pharmacist, how filled. (2) Duties; attached to Medical Department. (3) Pay. (4) Benefit of existing laws, etc.—Act June 17, 1898.

B. *Regulations relating to the Hospital Corps.*

1. GENERAL REGULATIONS.

I. Hospital Corps is neutral.—Art. 262, N. R.
II. Surgeons' division.—Art. 737, pars. (1), (2), N. R.
III. Examination preliminary to promotion.—Art. 850, par. (9), N. R.
IV. Employees to have no financial dealings with patients.—Art. 1166, N. R.
V. Service and duty of Hospital Corps.—Art. 1168, N. R.

2. REGULATIONS RELATING TO PHARMACISTS.

I. Candidates for pharmacists.—Art. 1745, N. R.
II. Warrant officers' precedence.—Art. 27, par. (4), N. R.
III. General duties.—Art. 796, N. R.
IV. Medical stores.—Art. 797, pars. (1), (2), (3), (4), (5), (6), N. R.
V. Lights.—Art. 798, N. R.
VI. Comfort of sick.—Art. 799, N. R.
VII. Station.—Art. 800, N. R.
VIII. Promotion of hospital stewards to pharmacists.—Art. 1745, N. R.

3. REGULATIONS RELATING TO HOSPITAL STEWARDS.

I. Hospital steward.—Art. 817, pars. (1), (2), (3), N. R.
II. Ratings in which first enlistments will be made.—Art. 833, pars. (1), (10), N. R.
III. Assignment of men to other duties.—Art. 1057, par. (2), N. R.

4. REGULATIONS RELATING TO HOSPITAL APPRENTICES FIRST CLASS AND HOSPITAL APPRENTICES.

I. Ratings in which first enlistment will be made.—Art. 833, pars. (1), (10), N. R.

C. *Instructions relating to the examination of applicants for enlistment in the United States Naval Hospital Corps.*

I. All applications for first enlistment in the Hospital Corps of the Navy must be addressed to the Bureau of Medicine and Surgery, and shall be accompanied by suitable testimonials as to character, habits, citizenship, etc.

II. Enlistments in the United States Naval Hospital Corps shall be made by order of the Bureau of Navigation on the recommendation of the Surgeon-General of the Navy.

III. A candidate applying for original enlistment shall state concisely: Name in full, date of birth, nativity, citizenship, general education, hospital experience (if any), and whether a graduate of a training school for nurses.

IV. The term of enlistment in the rate of hospital steward, hospital apprentice (first class), and hospital apprentice shall be for four years.

V. No allowance will be made for traveling and other expenses attending the examination of applicants.

VI. On original enlistment, applicants for admission into the Hospital Corps, United States Navy, must be between the following ages:

	Years.
Hospital stewards	21 to 30
Hospital apprentices first class	21 to 28
Hospital apprentices	18 to 25

VII. Physical and professional examinations by one or more medical officers will be required for enlistment and promotion in each of the several grades and rates.

VIII. Vacancies in the grade of pharmacist shall be filled by selection from those holding the grade of hospital steward, and hospital stewards thus selected for promotion shall be required to pass a satisfactory examination before a board to determine their mental, moral, physical, and professional fitness under the provisions of Art. 1745, N. R.

IX. Hospital stewards must be between 21 and 30 years of age, and when practicable they will be selected from hospital apprentices first class and will be required to pass a satisfactory examination on the following subjects, viz:

X. (1) General education: Arithmetic, orthography, writing (legible and grammatical), geography, and history of the United States.

XII. (2) Professional: (a) Materia medica—the botanical names and doses of the drugs recognized by the Pharmacopœia; (b) pharmacy—the various pharmaceutical processes employed in the manufacture of officinal and official preparations and the relative proportions of the more important drugs entering into their composition; (c) chemistry—chemical symbols, the formulæ of the more important officinal chemicals, and the reactions produced by the combinations of chemicals; (d) toxicology—symptoms, toxic doses, the antidotes of poisons; (e) recognition of crude drugs, making ordinary pharmaceutical preparations, compounding prescriptions, and criticising prescriptions incorrect by reason of pharmaceutical or chemical incompatibility; (f) bandaging, minor surgery, application of splints and of dry and wet cups, and treatment of hemorrhage.

XIII. Hospital apprentices first class must be between 21 and 28 years of age, and, when practicable, they will be selected from hospital apprentices. Additional vacancies will be filled by enlistment of candidates found qualified. Candidates will be examined on the following subjects, viz:

XIV. (1) General education: Arithmetic, orthography, writing (legible and grammatical), geography, and history of the United States.

XV. (2) Professional: (a) Clinical notes and preparation of temperature charts; (b) doses of drugs in common use; (c) employment of remedies other than by mouth, as poultices, enemata, counterirritants, hydrotherapeutic agents, etc.; (d) names and uses of surgical instruments and those employed in clinical diagnosis; (e) preparation of patients for operation, including methods of sterilizing instruments, dressings etc.; (f) preliminary treatment of the more common cases of poisoning; (g) application of bandages and splints and treatment of hemorrhage; (h) preparation of food for the sick; (i) preparation of beds and adjustment of clothing of patients.

XVI. Hospital apprentices must be between 18 and 25 years of age. Candidates will be examined in arithmetic, orthography, writing (legible and grammatical), geography, and history of the United States. Hospital training and knowledge of nursing will be to the advantage of the applicant.

XVII. No person will be enlisted or retained in the Hospital Corps of the Navy who is addicted to the use of intoxicating liquor, or who at any time gives evidence of intemperance.

XVIII. By law pharmacists have the rank, pay, and privileges of warrant officers, removable at the discretion of the Secretary of the Navy.

XIX. Hospital stewards are classified as chief petty officers, special branch, and receive a monthly pay of sixty ($60) dollars.

XX. Hospital apprentices first class are classified as petty officers third class, special branch, and receive a monthly pay of thirty ($30) dollars.

XXI. Hospital apprentices are classified as seamen second class, special branch, and receive a monthly pay of twenty ($20) dollars.

Section II.—HOSPITAL CORPS DRILL.

A. *Order authorizing its employment.*

I. Drill books issued by Department, ~~January 12 and 13, 1905~~ May 27, 1910.

B. *Instruction for the Hospital Corps aboard ship.*

It shall be the duty of the senior medical officer to see that systematic instruction is given the members of the Hospital Corps. The character of the instructions shall be adapted to the special duties of the rate held by the individual member or members and the rate to which they may be promoted.

The Bureau of Medicine and Surgery will issue such books as may be best suited for the instruction of members of the Corps on written application to the Bureau stating the necessity for such aid.

The subjects to be especially provided for are as follows:

1. Medical and surgical nursing in detail.
2. The care of instruments.
3. Sterilization methods.
4. Emergency surgery and first aid.
5. Aseptic operation drill.
6. Bandaging and application of splints.
7. Anæsthetics, their use and dangers.
8. Hygiene, including personal and ship hygiene.
9. Transportation methods.
10. Records.
11. The care and contents of medical boat boxes, emergency medical outfits, etc.

The senior medical officer, with the aid of his assistants and such members of the Hospital Corps as he may detail, shall provide instruction for the crew in first aid, transportation, and hygiene at such regular periods as the commanding officer of the ship may designate. This shall include such instruction as may enable members of the crew to protect themselves against communicable diseases, and instructions for their conduct, both ashore and afloat, as may tend to enable them to avoid sickness or make them aware of dangers peculiar to special localities.

12. The senior medical officer shall assign in rotation, and for a specified period of time, the members of the Hospital Corps to duty as sick-bay recorder, and while serving in such capacity they shall be instructed in penmanship and in the proper methods of filling out the blank forms in use in the Medical Department.

13. The sick-bay recorder shall take and record in the book kept for the purpose the temperature, pulse, and respiration of those applying for admission to the sick list and of those under treatment. He shall keep the case records, including the records of temperature, pulse, and respiration, food, medicine, urine, etc., and pay special attention to the instructions relating to bed and other important cases. He shall keep a record of those vaccinated, of all venereal cases, and of those on the restricted list, and shall procure the necessary data from the enlistment records for entries upon the medical journal.

CHAPTER VII.

Section I.—UNITED STATES NAVAL HOSPITALS.

A. *Laws relating to their establishment and management.*

I. Superintendence of naval hospitals.—Sec. 4807, R. S.
II. Deduction from pay of officers, etc., for hospital fund.—Sec. 4708, R. S.
III. Appropriation of fines.—Sec. 4809, R. S.
IV. Disposition of forfeitures for desertion.—Act June 7, 1900.
V. Purchase and erection of navy hospitals.—Sec. 4810, R. S.
VI. Government of naval asylum.—Sec. 4811, R. S.
VII. Allowance of rations to navy hospitals.—Sec. 4812, R. S.
VIII. Pension of seamen, etc., at naval hospital, how paid.—Act March 3, 1899.
IX. Closing of hospitals.—Act March 3, 1883.

B. *Regulations relating to their administration.*

I. Regulations to be submitted to Secretary.—Art. 1155, N. R.
II. Responsibility of medical officer in command.—Art. 1137, N. R.
III. Sick and disabled officers entitled to medical attendance.—Art. 1136, N. R.
IV. Officers admitted to hospitals.—Art. 1135, paragraphs (1), (2), (3), N. R.
V. No changes to be made in buildings or grounds.—Art. 1138, N. R.
VI. Inspection of medicines, supplies, etc.—Art. 1139, N. R.
VII. Examination of case papers.—Art. 1140, N. R.
VIII. Medical officer of the day.—Art. 1141, pars. (1), (2), (3), N. R.
IX. Daily Journal.—Art. 1142, N. R.
X. Medical officers in charge of wards—Art. 1143, N. R.
XI. Patients should be accompanied with hospital tickets.—Art. 1144, N. R.
XII. Convalescents to be discharged when fit for duty.—Art. 1145, N. R.
XIII. Attendants.—Art. 1146, N. R.
XIV. Diet tables.—Art. 1147, N. R.
XV. Special diet list.—Art. 1148, N. R.
XVI. Forms to be observed upon receipt of patient.—Art. 1149, pars. (a), (b), (c), (d), (e), N. R.
XVII. Patients left in hospital after sailing of ship.—Art. 1150, N. R.
XVIII. Discharges for disability.—Art. 1151, pars. (1), (2), N. R.
XIX. Records of cases of persons surveyed.—Art. 1152, N. R.
XX. Discharge of patients from hospital.—Art. 1153, pars. (1), (2), (3), N. R.
XXI. Weekly report of sick.—Art. 1154, N. R.
XXII. Persons sent to other than naval hospitals.—Art. 1252, N. R.

C. *Instructions relating to their administration.*

(a) DUTIES OF THE MEDICAL OFFICER IN COMMAND.

I. The United States Navy Regulations require that the medical officer in command of a naval hospital shall be responsible for the care and treatment of the sick, and for the discipline, cleanliness, and the economical management of the institution. The regulations further require that medical officers and all persons employed in the hospital shall perform such duties as shall be assigned them by the medical

officer in command, and to this end he shall exact from subordinates, employees, and patients a proper obedience to his orders and to the laws and regulations of the Navy.

II. All regulations and all special regulations established by himself relating to the administration of the hospital of which he is in command shall be submitted to the Department.

III. The regulations require that no changes shall be made in the hospital buildings and grounds, and no bills for purchases and repairs shall be contracted without the permission of the Bureau of Medicine and Surgery.

IV. He is required by the regulations to have all medicines, provisions, and medical supplies that may be received at the hospital inspected and their condition reported to him by the medical officer intrusted with this duty.

V. Once each week, or oftener if he should deem it necessary, he shall make a thorough inspection of the hospital buildings and grounds. He shall be accompanied when making such inspection by the supervising surgeon of the hospital, and all matters of interest brought to his attention during his tour of inspection, and requiring subsequent action, shall be noted and recorded in a book kept for this purpose.

VI. He shall see that the Navy Regulations relating to the admission and discharge of patients from the hospital and the preparation of all official papers are strictly complied with.

VII. He shall keep himself informed of the probable necessity for the performance of major surgical operations, and unless there are urgent reasons to the contrary, no operations of this class shall be performed without his approval.

VIII. He shall be present at all major surgical operations, and all operative procedures shall be undertaken by him or by a medical officer of the hospital specially designated at the time by him for this purpose.

IX. He shall see that the junior medical officers attached to the hospital are afforded ample opportunity for practical surgical work.

X. He shall cause the hospital force, when practicable, to be instructed and exercised not less than once every week in fire drill, and shall see that every facility is afforded for the protection of the hospital buildings and other buildings in the hospital inclosure from fire.

XI. He shall see that the members of the hospital corps attached to the hospital are thoroughly drilled and instructed in their duties. Whenever a member of the hospital corps is transferred from the hospital to other duty, either ashore or afloat, he shall cause a "U. S. Naval Hospital Corps efficiency record," to be filled out and fowarded to the Bureau of Medicine and Surgery.

(b) DUTIES OF THE SUPERVISING SURGEON.

I. The medical officer attached to a naval hospital next in rank to the medical officer in command is considered as the supervising surgeon of the hospital, and under the directions and supervision of the medical officer in command, shall be responsible for the discipline, cleanliness, and management of the institution. To this end he shall keep himself informed of the orders of the medical officer in command and shall make himself thoroughly familiar with all laws, regulations, and instructions relating to the administration of the hospital.

II. The supervising surgeon shall have no authority independent of the medical officer in command, but shall firmly and faithfully execute the orders of the latter. He shall keep himself informed of the wishes of the medical officer in command in matters of duty and carry them out scrupulously and energetically. He shall execute all details of organization, police, inspection, and discipline, and shall be responsible to the medical officer in command for the cleanliness, good order, and preservation of buildings, grounds, and their belongings, and do his utmost to render all depart-

ments of the hospital efficient. He shall personally supervise all work, repairs, etc., that may be done, and report to the medical officer in command as to their progress or defects.

III. He shall always be on duty when in the hospital, and shall receive all orders relating to the general duties of the hospital directly from the medical officer in command and transmit them to other officers as may be necessary, and shall be responsible for their execution.

IV. He shall, under instructions from the medical officer in command, and the orders of the commandant of the station, prescribe from day to day the uniform to be worn by officers, bluejackets, and marines.

V. He shall exercise a general supervision over the junior medical officers, and report to the medical officer in command any inattention to duty or insubordination on their part.

VI. He shall have especial charge of sick officers, and a general supervising charge, under the direction of the medical officer in command of the hospital, of all patients, and keep himself informed of their condition.

VII. He shall hold himself in readiness at all times to consult with and advise the junior medical officers with regard to their patients, and to direct, if he deems it necessary, the treatment. But in such cases he shall at once report the circumstances to the medical officer in command.

VIII. He shall inspect daily the living apartments of the hospital, except the quarters of the members of the staff, at an hour designated by the medical officer in command, and shall see that the halls, mess rooms, and rooms of the employees are in order, and the wards are prepared for the day. At 10 a. m. each day he shall inspect all parts of the hospital, other buildings, and grounds, by which time all wards and sick rooms are to be in thorough order. At such inspections he shall be accompanied by the junior medical officers through their respective wards, who shall call his attention to any important change or matter of professional interest they may have observed in their patients.

IX. He shall suppress disorder, correct abuses and prevent violations of discipline, and shall report to the medical officer in command any inefficiency, negligence, or infraction of discipline on the part of the employees or others.

X. He shall, under the direction of the medical officer in command, grant permission to the junior medical officers and others to leave the premises, but such leave is not to extend beyond 8 a. m. of the following day.

XI. He shall issue passes to all enlisted patients and employees to whom liberty may be granted, and such passes are to be delivered upon the return of the bearers to the gate keeper or orderly at the door, who shall note upon them the hour of return and condition of the men. The supervising surgeon shall have these passes delivered to him at 8 a. m. for his examination. Pass books will be supplied by the Bureau upon application.

XII. He shall promptly report all absentees without leave to the medical officer in command.

XIII. He may, under the direction of the medical officer in command, detail convalescent patients for necessary light work about the premises, but shall not assign any patient having venereal disease or tuberculosis to duty in the kitchen or as nurse attendant or attendant upon persons suffering from other diseases.

XIV. He shall supervise the preparation of returns, requisitions, bills, etc., and shall satisfy himself of their correctness before submitting them to the medical officer in command for his approval.

XV. He shall see that the operating room and its appurtenances are in readiness for immediate use, that every aseptic precaution is observed as to instruments and dressings, that the sterilizing apparatus is kept in efficient working order, and shall promptly report any defect to the medical officer in command.

XVI. He shall see that the infectious-disease and isolation wards and buildings are in readiness for the reception of patients.

XVII. He shall be responsible for the condition of the laboratories and shall allow no unauthorized person access to them.

XVIII. He shall appoint attendants upon the several messes, and shall give special attention to the kitchen, cooking utensils, mess room, mess gear, and mess furniture, and shall require the mess attendants to keep them in good order.

XIX. He shall have charge of the inventory, bill books, and cemetery record, and shall be responsible to the medical officer in command for their correct keeping.

XX. He shall assign beds to incoming patients and distribute them in such a manner as to allot, as far as practicable, equal numbers to the medical officers in charge of the several wards.

XXI. He shall see that the fire apparatus is ready for instant use, and prepare a fire bill embracing employees and such convalescent patients as may be available, and have it posted in a conspicuous place, making such changes as may from time to time become necessary, and shall see that all are conversant with their stations by exercise at fire quarters at such times as the medical officer in command may direct.

XXII. He shall be the custodian of all keys and require them to be labeled, and when not in use to be hung on a keyboard in his office.

XXIII. He shall make the necessary arrangements for all funeral services.

XXIV. He shall, under the direction of the medical officer in command, see that the cemetery is kept in good order.

XXV. He shall have charge of the liberty book, and shall have prepared for the approval of the medical officer in command the liberty lists.

(c) DUTIES OF JUNIOR MEDICAL OFFICERS.

I. Junior medical officers shall perform such duties as may be assigned them by the medical officer in command.

II. Junior medical officers shall make the necessary entries upon the Register of Patients and Abstract of Patients, and shall prepare the quarterly and annual returns relating to patients, when directed to do so.

III. They shall consult, whenever they deem it necessary, with the supervising surgeon, or, after notifying him, with the officer in command, regarding patients under their charge. And while all reasonable independence of action in the conduct of cases is to be accorded them, if either of those officers shall direct certain measures, their orders shall be promptly and respectfully obeyed.

IV. They shall use the microscope as a part of their routine clinical work in all cases where it may aid in diagnosis or serve as a guide in treatment and make microscopic examinations of suspicious growths. When practicable, photomicrographic illustrations shall be made in infectious cases and pasted in the case paper, and in cases of unusual skin diseases, deformities, wounds, etc., photographs of the affected parts shall be appended to the records.

V. They shall require the nurses to keep the wards under their charge clean and in good order, to be considerate and attentive in their treatment of all patients, and careful in the administration of remedies.

VI. They shall direct each morning such special diet as they may deem necessary for the patients under their charge. The special diet lists from the several wards are to be submitted to the supervising surgeon.

VII. In the event of fire, junior medical officers shall supervise the removal of helpless or bedridden patients, having the nurses under their command, and calling to their aid any person not specially detailed.

VIII. They shall report to the supervising surgeon, or to the officer in command, all patients who, in their opinion, are fit for duty, for light work, or who should be surveyed

(d) GENERAL INSTRUCTIONS FOR MEDICAL OFFICERS ATTACHED TO HOSPITALS.

I. All officers attached to a hospital shall wear the service uniform of their grades at all times when in the hospital except at Sunday inspection, when undress uniform shall be worn, or on special occasions when the uniform shall be prescribed. All enlisted men of the Navy and Marine Corps shall wear the uniform of the day.

II. In hospitals where there may be one surgeon and one passed assistant or assistant surgeon besides the officer in command, the surgeon shall not be required to alternate as officer of the day, but shall, in addition to his regular duties, take professional charge of as many patients over thirty as the officer in command may direct. The pharmacist shall be the relief officer of the day under the restrictions provided.

III. In hospitals where there are two passed assistant or assistant surgeons, or one of each besides the officer in command, the senior of the two shall, in addition to his regular duties, perform so much of the duty prescribed for the supervising surgeon as the officer in charge may delegate to him.

IV. In hospitals where there are but two medical officers the officer in command shall take under his immediate supervision the inventory, the distribution of property and bill books, the preparation of requisitions and bills, and the supervision of grounds and outbuildings. The junior officer shall keep all professional records, prepare the required returns, and be responsible for the cleanliness and good order of the main building, and perform such other duty prescribed for a supervising surgeon as may be delegated to him by the officer in command. The pharmacist shall act as the relief officer of the day for the preservation of discipline, the receipt of stores and patients, etc., but he shall make no entry of original record in any book, paper, or report relating to the medical history of any patient in the hospital, except the ambulance record.

V. All the medical officers attached to a hospital, when there are three or more, shall never be absent from the premises at the same time. When both medical officers of a hospital, to which only two are attached, are compelled to be temporarily absent, the pharmacist shall act as officer of the day.

VI. No officer of a naval hospital shall ever be considered as having an alternate "day off duty." The junior officers shall alternate in duty as officer of the day only for periods of twenty-four hours as prescribed, but such relief from duty as officer of the day shall not in any way relieve them from their professional and other duties at the hospital; nor shall they fail upon leaving the hospital to inform the officer of the day of any direction of special importance they may have given regarding the patients under their charge nor of the condition of any patient who may likely require special attention during their absence.

VII. The officer of the day's office shall always be open and accessible for the transaction of business, and except at his meal hours and when engaged in inspecting or called away by professional duty, the officer of the day shall be in his office until the 9 p. m. reports are made, and he shall permit no loafing or lounging there by officers, patients, visitors, or others.

VIII. The hospital journal shall include a detailed statement of all occurrences of interest or importance during the twenty-four hours. Entries shall be made as early as possible at the time of occurrence of the events, recorded by the officer of the day himself, and shall be submitted to the officer in command each morning as soon after 10 o'clock as practicable. Entries made by anyone temporarily relieving the regular officer of the day shall be signed by the officer making them.

IX. Abstracts, case papers, medical journals, registers of patients, conduct reports, and conduct records shall be kept by medical officers exclusively.

X. The officer of the day shall make the necessary entries in the ambulance book. He shall note upon the liberty list the condition of enlisted patients returning from liberty before 10 p. m. He shall, after receiving the final reports at night, report to the supervising surgeon.

Section II.—TRANSFER OF SICK AND DISABLED OFFICERS AND MEN.

A. *Regulations relating to their transfer and disposition.*

I. Removal of sick to hospital.—Art. 871, pars. (1), (2), (3), (4), (5), (6), (7), N. R.
II. Transfer papers.—Art. 874, pars. (1), (a), (b), (c), (2), (3), N. R.
III. Precautions when sending the sick home.—Art. 325, N. R.
IV. How the sick are to be sent home.—Art. 326, pars. (1), (2), N. R.
V. Officers transferred to or from hospitals.—Art. 328, N. R.
VI. Transportation expenses of enlisted men.—Art. 1237, part of par. (5), N. R.
VII. Transfer of men's accounts to receiving ship.—Art. 1576, pars. (4), (5), N. R.
VIII. Ration of enlisted men in hospital for treatment.—Art. 1414, N. R.

B. *Instructions relating to their transfer and disposition.*

I. Upon the recommendation of the senior medical officer of a ship or station, or in accordance with the report of a board of medical survey, sick persons may be transferred to a naval hospital with the approval of the commandant or the senior officer present.

II. Whenever any enlisted men of the Navy or Marine Corps are transferred from a ship to a United States naval hospital at home or abroad, their accounts and other papers shall be sent to the receiving ship or naval station nearest the hospital.

III. The accounts and other papers of enlisted men of the Navy and Marine Corps transferred to any other than a naval hospital shall be retained on board until the ship to which he has been attached leaves the port in which the hospital is located. Patients left behind in the hospital shall be furnished with their accounts and copies of their enlistment records, the original of which shall be forwarded to the Bureau of Navigation.

IV. Patients transferred to any other than a naval hospital and remaining there after the departure of the ship to which they were attached, shall, upon their recovery, report, preferably by telegraph, to the Bureau of Navigation for further instructions. They shall be furnished by the surgeon in charge of the hospital with certificates giving the dates of their admission to and their discharge from the hospital. All expenses connected with the transfer of patients from a hospital, upon recovery, shall be charged to appropriations under the control of the Bureau of Navigation.

V. The pay of enlisted men of the Navy and Marine Corps, when under treatment at a United States naval hospital, cease when the terms of their enlistments expire, but they may be retained in the hospital for further treatment. When under treatment at a hospital on a foreign station, their pay continues until they are regularly discharged from the service, even after their terms of enlistment have expired.

VI. Patients transferred to the United States Naval Hospital at Philadelphia for treatment shall be directed to report to the governor of the Naval Home.

VII. In the case of the transfer of enlisted men from one ship or station to another, they shall be accompanied by the following papers:

1. Enlistment records with all entries to date of transfer, signed by the commanding and the medical officers.
2. Clothing list.
3. Transfer account.
4. Gunnery record.

VIII. When patients are sent to a naval hospital, a conduct report in each case shall accompany the hospital ticket, and such conduct reports shall be forwarded with the men when transferred to a receiving ship or station for discharge from the service.

IX. Whenever it becomes necessary to send sick and disabled officers and enlisted men of the Navy or Marine Corps home in a supply or chartered ship, the commander in chief shall order a board of officers, one of whom shall be an experienced

medical officer, to examine the ship and report to him in writing whether such vessel is suitable for the purpose, and whether everything necessary has been provided for their health and comfort. He shall not permit the departure of a ship until satsfied that every possible provision that may be deemed necessary has been made for the comfort of the sick, and, if necessary, he shall detail a suitable number of extra medical officers to accompany such ship.

X. All sick and disabled officers and men shall, if practicable, be sent home in public vessels, and only in cases of urgent necessity shall vessels be chartered for this purpose.

XI. The commander in chief may, at his discretion, send home by other conveyance patients surveyed and condemned by a board of medical officers, whose condition is such as to render it necessary to avoid climatic influences, delay, or other influence affecting their health to which they would be subjected in a public ship.

XII. Reports shall be made to the Bureau of Navigation whenever officers are transferred to hospitals for treatment, and also whenever they are returned for duty.

XIII. The expenses connected with the transportation of sick enlisted men are defrayed from appropriations under the control of the Bureau of Navigation.

CHAPTER VIII.

ARMY AND NAVY HOSPITAL, HOT SPRINGS, ARK.

A. *Law relating to its establishment.*

I. Erection of an army and navy hospital at Hot Springs, Ark.—Act June 30, 1882, army appropriation act.

B. *Board designated to draft rules for its government.*

I. Composition of board.—Executive order, May 6, 1886.

C. *Regulations and Department circular relating to the admission of patients.*

I. Army and navy hospital at Hot Springs, Ark.—Art. 1251, pars. (1), (2), N. R.

II. Rules governing the admission of patients.—Department circular, December 31, 1886.

D. *Instructions relating to the admission of patients.*

I. The hospital is under the direction of the Secretary of War, and is devoted to the treatment of officers and enlisted men of the military and naval services of the United States, officers of the Revenue-Cutter Service and of the Marine-Hospital Service, and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States, for such purposes as the waters of the Hot Springs of Arkansas have an established reputation in benefiting, except that cases of venereal diseases will not be admitted.

II. Admission to this hospital is restricted to those of the above-named classes who require medical treatment, in the following order of preference: (1) Officers and enlisted men of the Army, the Navy, and the Marine Corps on the active lists, and cadets at the Military and Naval academies; (2) officers and enlisted men of the Army, the Navy, and the Marine Corps on the retired lists; (3) officers of the Revenue-Cutter Service and of the Marine-Hospital Service; (4) honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States may be also admitted by authority of the Surgeon-General when there are vacant beds in the hospital.

III. Officers and enlisted men of the Navy and Marine Corps are admitted under regulations prescribed by the Secretary of the Navy.

IV. Honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States are admitted upon the approval of the Surgeon-General of the Army, from whom blank forms of application can be obtained. These must be properly filled up, giving all necessary information in relation to the applicant, and should be certified to by a practicing physician, who will state the nature of the disability and the probable period required for hospital treatment. Patients admitted under this authority may be discharged from the hospital by the commanding officer at any time he may deem proper. Expenses to and from the hospital must be defrayed by the applicant.

V. Enlisted men on the active list under treatment or on duty in the hospital will have the usual allowance of rations commuted at the rate of not less than 30 cents per day. Enlisted men of the Army, the Navy, and the Marine Corps on the retired list, and honorably discharged soldiers and sailors of the Regular and Volunteer Army and Navy of the United States will pay for subsistence 40 cents per day.

VI. In certifying cases for admission to this hospital medical officers and physicians should recommend only those that are serious or obstinate, and in which there is a reasonable probability that the facilities there afforded will materially aid in the rapidity and permanence of recovery.

VII. Relief may reasonably be expected at the Hot Springs in the following conditions: In the various forms of gout and rheumatism, after the acute or inflammatory stage; neuralgia, especially when depending upon gout, rheumatism, metallic or malarial poisoning; paralysis not of organic origin; the earlier stages of locomotor ataxia; chronic Bright's disease (the early stages only), and other diseases of the urinary organs; functional diseases of the liver; gastric dyspepsia not of organic origin; chronic diarrhea, catarrhal affections of the digestive and respiratory tracts; chronic skin diseases, especially the squamous varieties; and chronic conditions due to malarial infection.

VIII. The expenses connected with the transportation of enlisted men of the Navy and Marine Corps to the Army and Navy Hospital are borne by appropriations under the control of the Bureau of Medicine and Surgery and the Bureau of Navigation. Transportation expenses of enlisted men of the Navy and Marine Corps from the hospital to a receiving ship or marine barracks upon their recovery, or for discharge from the naval service or Marine Corps, are chargeable to appropriations transportation Bureau of Navigation or transportation and recruiting Marine Corps.

IX. Officers sent to the Army and Navy Hospital for treatment travel under "orders" and are paid mileage. Officers on the retired list, but on duty, when sent for treatment, travel under "orders" and are paid mileage.

X. No officer or enlisted man of the Navy or Marine Corps shall be admitted as a patient into the Army and Navy Hospital until he has been condemned by a board of medical officers and the report of such board has been approved by the Department.

XI. If it is not practicable to convene a board of medical officers for this purpose, the certificate of a naval medical officer or that of a civil practitioner should be forwarded to the Deparrment, giving a full description of the disability under which the patient is suffering.

XII. Upon the approval by the Navy Department of the report of medical survey, or certificate, the Bureau of Medicine and Surgery will forward through official channels to the hospital, ship, or station, or wherever else the survey was held, an order for the patient's admission into the hospital.

XIII. The commanding officer of the Army and Navy Hospital (through the Surgeon-General of the Army) is informed of the action taken by the Department, and a copy of the permit issued by the Bureau of Medicine and Surgery for the patient's admission is inclosed for his information.

XIV. On admission to the Army and Navy Hospital the patient shall present for the information of the hospital authorities the following papers relating to his case:

(a) Order for admission.

(b) Copy of the report of medical survey (if recommended by medical survey).

(c) Copy of case paper (if transferred from a naval hospital).

(d) Copy of hospital ticket (if transferred from a ship, navy-yard, or special duty).

(e) A statement of patient's condition (if admitted upon the certificate of a naval medical officer or of a civil practitioner).

CHAPTER IX.

Section I.—GOVERNMENT HOSPITAL—INSANE OF THE NAVY.

A. *Laws relating to its establishment and administration.*

I. Insane of the Navy; authority of the Secretary of the Navy, etc.—Sec. 1551, R. S.

II. Establishment of the Government Hospital for the Insane.—Sec. 4838, R. S.

III. The Superintendent.—Sec. 4839, R. S.

IV. Board of visitors.—Sec. 4840, R. S.

V. President of board of visitors.—Sec. 4841, R. S.

VI. Powers and duties of the board of visitors.—Sec. 4842, R. S.

VII. Admission of insane persons of the Army, Navy, Marine Corps, etc.—Sec. 4843, R. S., act March 3, 1875.

VIII. Limit to admission.—Act June 16, 1880.

IX. Transfer of insane convicts, etc., to Government Hospital.—Acts June 23, 1874, August 7, 1882.

X. Admission of insane from National Home for Disabled Volunteers.—Act August 7, 1882.

XI. Admissions to Hospital for Insane in the District of Columbia.—Secs. 4843–4854, R. S., acts June 23, 1874, March 3, 1875, March 3, 1879, August 7, 1882, July 7, 1884, January 31, 1899.

B. *Instructions relating to the admission of patients.*

I. The Secretary of the Navy is authorized by law to make suitable provision for the care of the insane of the Navy by placing them in the Government Hospital for the Insane in the District of Columbia or in any other institution devoted to the care, maintenance, and support of insane persons.

II. Under the provisions of the law relating to the care of the insane of the Navy the following classes of persons are entitled to treatment in the Government Hospital for the Insane:

(a) Insane persons belonging to the Navy and Marine Corps.

(b) Men who while in the service of the United States in the Navy or Marine Corps have been admitted to the hospital and thereafter discharged from the hospital on the supposition that their reason was restored and within three years after such discharge have again become insane from causes existing at the time of such discharge and who have no adequate means of support.

(c) Indigent insane persons who have served in the Navy or Marine Corps and have been discharged therefrom on account of disability arising from such insanity.

(d) Indigent insane persons who have become insane within three years after their discharge from the Navy or Marine Corps from causes which arose during and were produced by said service.

III. Indigent insane persons who have been discharged from the Navy and Marine Corps must show, in order to gain admission or readmission to the Government Hospital for the Insane, that their disability was incurred in or was connected with their service in the Navy or Marine Corps.

IV. No officer, seaman, or marine shall be admitted as a patient into a hospital devoted to the care of the insane of the Navy until he shall have been condemned by a board of naval medical officers and the report of the board has been approved by the Department.

V. Upon the approval by the Department of the report of medical survey, the Bureau of Medicine and Surgery will forward through official channels to the hospital, station, or ship, or wherever the survey was held, an order for the admission of the patient into the Government Hospital for the Insane.

VI. Medical officers shall exercise great care in preparing Interior Department form, giving as full a medical history in each case as possible.

VII. On the 1st of July of each year the Superintendent of the Government Hospital for the Insane forwards to the Bureau of Medicine and Surgery a report for the year ended, showing the condition of the insane of the Navy and Marine Corps under treatment, together with the number admitted, discharged, died, and remaining under treatment.

VIII. Upon the admission of an enlisted man of the Navy into the Government Hospital for the Insane, his accounts are transferred to the pay officer of the navy-yard, Washington, D. C., and are kept there until the expiration of his term of enlistment. Should his enlistment expire while under treatment at the hospital, his accounts are transferred by the pay officer to the Auditor for the Navy Department for final disposition.

IX. Upon the admission of an enlisted man of the Marine Corps into the Government Hospital for the Insane, his accounts are transferred to the marine barracks, Washington, D. C. The accounts of marines whose terms of enlistment have expired follow the same course as is provided for in the case of enlisted men of the Navy.

X. Upon the recovery of an enlisted man of the Navy under treatment in a hospital for the insane, the Department is notified of the fact by the superintendent in charge of the hospital, and the Bureau of Navigation directs his transfer for discharge from the service. In the case of an enlisted man of the Marine Corps, his transfer for discharge is ordered by Headquarters, Marine Corps. The Bureau of Medicine and Surgery shall be notified of such discharge in all cases.

XI. Enlisted men of the Navy and Marine Corps who have been under treatment in a hospital for the insane are not eligible for reenlistment in the service.

XII. The expenses connected with the care, maintenance, and support of enlisted men of the Navy and Marine Corps whilst undergoing treatment in the hospital are defrayed from appropriations under the control of the Government Hospital for the Insane.

XIII. Officers of the Navy and Marine Corps who become insane are usually placed upon the retired list before or soon after their admission into the Government or other hospital for the insane.

XIV. The funeral expenses of officers of the Navy and Marine Corps who die while undergoing treatment in the Government or any other hospital for the insane shall be charged to and paid from their personal accounts.

XV. The funeral expenses of the enlisted men of the Navy and of the Marine Corps who die while undergoing treatment in the Government Hospital for the Insane, and who are buried in the cemetery attached to the hospital, are paid from appropriations under the control of that institution.

XVI. The necessary funeral expenses connected with the transportation and burial elsewhere of the remains of enlisted men of the Navy and Marine Corps who die while undergoing treatment in the Government Hospital for the Insane shall be defrayed by contingent, Bureau of Medicine and Surgery, and contingent, Marine Corps, respectively.

XVII. In the transportation of the insane, suitable measures shall be taken to insure their proper care and treatment, under medical supervision, while in transit.

XVIII. Upon the admission of a patient into the Government Hospital for the Insane, the hospital authorities furnish the medical officer detailed for such duty with a receipt for the person and the personal effects of the patient. The receipt shall be forwarded by the medical officer without delay to the Bureau of Medicine and Surgery for the permanent files of the Office.

XIX. The receipt by the Bureau of the certificate relating to the admission of the patient is necessary preliminary to the indorsement by the Surgeon-General on the orders of the medical officer that his duties, so far as they pertain to the Bureau of Medicine and Surgery, have been completed.

XX. The Superintendent of the Government Hospital for the Insane informs the Bureau of Medicine and Surgery, as soon as practicable after its occurrence, of the death of every officer or enlisted man of the Navy or Marine Corps who dies while undergoing treatment in such institution. Upon the receipt by the Bureau of such information, a certificate of death shall be prepared and signed by the Surgeon-General of the Navy.

XXI. For the information of the Superintendent of the Government Hospital for the Insane, the following records shall accompany each patient upon his admission into the hospital:

1. Order for admission.
2. Copy of medical survey.
3. Copy of hospital ticket.
4. Copy of case paper (if transferred from hospital).
5. Copy of Department of Interior form.

Section II.—MENDOCINO STATE HOSPITAL, CALIFORNIA.

A. *Law relating to the care of insane patients on the Pacific coast.*

I. Care, maintenance, and treatment of the insane of the Navy and Marine Corps on the Pacific coast.—Annual naval appropriation act.

B. *Instructions relating to the admission of patients.*

I. A clause in the annual naval appropriation act makes suitable provision for the care, maintenance, and treatment of the insane of the Navy and Marine Corps on the Pacific coast.

II. Under an annual contract, commencing with each fiscal year and entered into between the California State Commission of Lunacy and the Secretary of the Navy, the insane of the Navy and Marine Corps on the Pacific coast are sent for treatment to the Mendocino State Hospital, California.

III. On the 1st day of January and July of each year the general superintendent of State hospitals of California, representing the California State Commission of Lunacy, forwards a report to the Bureau of Medicine and Surgery, through the Department, showing the condition of all patients of the Navy and Marine Corps under treatment. The report further shows the number of patients admitted, died, discharged, and remaining under treatment.

IV. Under the terms of the contract the expenses connected with the care, maintenance, and support of insane patients is fifteen dollars ($15) a month for each patient, and such expenses are paid out of appropriation "Contingent, Bureau of Medicine and Surgery."

V. Outfits of clothing are furnished by the Department to all enlisted men under treatment. In the case of enlisted men of the Navy and Marine Corps whose terms of enlistment have expired, the hospital authorities are authorized, under the terms of the contract, to provide such patients with suitable clothing at the rate of $2.50 per month.

VI. All expenses connected with the transportation and admission of insane patients of the Navy and Marine Corps into the Mendocino State Hospital, California, are defrayed from appropriations under the control of the Bureau of Navigation and the Marine Corps, respectively. All expenses connected with the discharge of enlisted men of the Navy and Marine Corps from this hospital and their transportation to a receiving ship or marine post for discharge from the naval service or Marine Corps are paid from appropriations under the control of the Bureau of Navigation and of the Marine Corps, respectively.

VII. The funeral expenses of enlisted men of the Navy and Marine Corps who die while under treatment in the Mendocino State Hospital are defrayed from appropriations contingent Bureau of Medicine and Surgery and contingent Marine Corps, respectively.

VIII. Quarterly payments are made by the Department for the care, maintenance, and support of the insane patients of the Navy and Marine Corps under treatment in the Mendocino State Hospital, and the vouchers are made payable to the general superintendent of State hospitals, California.

IX. The voucher shall be prepared and shall bear the certificate as to its correctness by the medical officer in command of the naval hospital, Mare Island, Cal. It is approved by the commandant of the navy-yard, Mare Island, Cal., and by the Surgeon-General of the Navy. The Paymaster-General of the Navy directs its payment by the navy pay office, San Francisco, Cal.

X. Upon the admission of a patient into the Mendocino State Hospital, the hospital authorities furnish the medical officer accompanying such patient with a receipt for the person and the personal effects of the patient. Such receipt shall be forwarded by the medical officer without delay to the commandant of the navy-yard, Mare Island, for the files of his office.

XI. The Bureau's permit for the admission of the patient, and the certificate of the hospital authorities that the patient has been admitted into the institution, are necessary preliminary to the approval and transmission to the Department by the commandant of vouchers for expenses connected with the care and treatment of insane patients of the Navy and Marine Corps in the Mendocino State Hospital.

XII. The superintendent of the Mendocino State Hospital informs the commandant of the navy-yard, Mare Island, Cal., as soon as practicable after its occurrence, of the death of every officer or enlisted man of the Navy or Marine Corps who dies while undergoing treatment in that institution. Upon the receipt of such information the commandant causes a certificate of death to be prepared by the medical officer in charge of the naval hospital under his command, and such report shall be forwarded by the commandant to the Bureau of Medicine and Surgery.

XIII. For the information of the superintendent of the Mendocino State Hospital, the following records shall accompany each patient upon his admission into the hospital:

1. Order for his admission.
2. Copy of the report of medical survey.
3. Copy of hospital ticket (if from a ship, navy-yard, or special duty).
4. Copy of case paper (if transferred from a hospital).
5. Copy of Department of Interior form.

CHAPTER X.

THE MEDICAL JOURNAL.

A. *Regulations relating to its preparation.*

I. Medical Journal.—Art. 1156, par. (1), N. R.

II. Instructions for keeping journal.—Art. 1156, par. (2), N. R.

III. Instructions for indexing.—Art. 1156, par. (3), N. R.

IV. Order of names.—Art. 1156, par. (4), N. R.

V. Change of diagnosis.—Art. 1156, par. (5), N. R.

VI. A patient readmitted.—Art. 1156, par. (6), N. R.

VII. Temperature, pulse, etc.—Art. 1156, par. (7), N. R.

VIII. In case of death.—Art. 1156, par. (8), N. R.

IX. Mention of general duties.—Art. 1156, par. (9), N. R.

X. Record of each day.—Art. 1156, par. (10), N. R.

XI. One-day patients.—Art. 1156, par. (11), N. R.

XII. Responsibility for accuracy of journal.—Art. 1156, par. (12), N. R.

XIII. Signatures to entries.—Art. 1156, par. (13), N. R.

XIV. Sickness of a trivial character.—Art. 1156, par. (14), N. R.

XV. Medical journal, upon completion to be forwarded.—Art. 719, pars. (1), (2), N. R.

XVI. Transfer of a patient.—Art. 715, pars. (1), (2), N. R.

XVII. Patients in any other than a United States naval hospital.—Art. 716, pars. (1), (2), (3), (4), (5), (6), N. R.

XVIII. Patients received for passage to the United States.—Art. 717, N. R.

XIX. Junior medical officer to keep the medical journal.—Art. 742, N. R.

B. *Instructions relating to its preparation.*

I. By the regulations, the senior medical officer of the ship or station, or wherever else a medical journal is kept, is responsible for its neatness and accuracy.

II. The senior medical officer shall keep the medical journal, or shall cause it to be kept by a junior medical officer under his supervision. If the journal is kept by a junior medical officer the entries in the journal shall be made over his own signature, and it shall be approved by the signature of the senior medical officer to indicate its correctness. Such additional entries in the medical journal shall be made by the senior medical officer as may be deemed necessary and proper.

III. Copies of reports of all sanitary inspections and sanitary recommendations shall be recorded in the medical journal.

IV. All records and entries made in the medical journal shall be written by a medical officer. Under no circumstances shall this duty be performed by an enlisted man on board a ship or at a station to which a medical officer is attached.

V. A record of all hospital tickets, reports of medical survey, and other reports pertaining to the medical department of the ship or station shall be entered in writing and not pasted in the medical journal.

VI. In the preparation of the medical journal the greatest care shall be observed by medical officers as to the accuracy of the records contained therein, and the entries in the journal shall correspond as to admissions and readmissions with those on Forms F, F_2, and K.

VII. The medical journal shall contain not only a complete history of every officer and enlisted man while under treatment, but shall also embrace a record of all professional matters pertaining to the medical department of the ship or station.

VIII. All sanitary recommendations, sanitary inspections, and other matters relating to the duties of the medical officer shall be made in the medical journal after the completion of the daily record connected with the treatment of the sick.

IX. The record in the case of every officer and man admitted upon the medical journal shall state specifically the origin of the disability for which the patient is under treatment, and under no circumstances shall this important statement be omitted. Before making such entry in the medical journal the medical officer shall carefully consider all obtainable evidence bearing on the case, and all the circumstances directly or remotely connected with the origin of the patient's disability shall be carefully investigated.

X. Incomplete and conflicting statements made by medical officers in the medical journal, as to the origin of a patient's disability, are a source of much embarrassment to the Bureau, causing unnecessary delay in furnishing the record upon which the adjustment of the cases of officers undergoing examinations for promotion and retirement are based. Such evidence, moreover, obstructs materially the work of the Pension Office in determining the pensionable status of those who have been discharged from the Navy and Marine Corps.

XI. As the medical journal is intended not only for the information contained therein relating to professional matters, but for the purposes of the examination and retirement of officers, and furnishing the record relating to pensions, it must be regarded as a medico-legal record.

XII. In writing prescriptions medical officers shall be guided by the instructions contained in Chapter XXI, relating to the metric system.

XIII. Duplicate copies of all official papers shall be made and kept on the permanent files of the medical department of the ship or station.

XIV. All information relating to post-mortem examinations shall be entered on the medical journal of the ship or station. If for any cause a post-mortem examination is not held, the reasons for such action shall be explicitly stated. An autopsy shall he held in the case of every death attributable to neglect or violence.

CHAPTER XI.

Section I.—PHYSICAL EXAMINATION OF CANDIDATES FOR APPOINTMENT AS COMMISSIONED OFFICERS IN THE NAVY AND MARINE CORPS.

A. *Laws relating to such examinations.*

I. Citizenship.—Sec. 1428, R. S.

II. Assistant surgeons—examination, age, etc.—Sec. 1370, R. S., amended by act May 4, 1898.

III. Qualifications and appointment of assistant paymasters.—Sec. 1379, R. S.

IV. Professors of mathematics—qualifications and appointment.—Sec. 1400, R. S., act January 20, 1881.

V. Marine Corps—qualification for appointment.—Sec. 1599, acts August 5, 1882, March 3, 1899, March 3, 1901, March 3, 1903.

B. *Regulations relating to such examinations.*

I. Appointment made subject to examination.—Art. 1731, pars. (1), (2), N. R.

II. Appointment in the Marine Corps.—Art. 1733, pars. (1), (2), (3), N. R.

III. Candidates for assistant surgeon.—Art. 1735, N. R.

IV. Candidates for assistant paymaster.—Art. 1736, pars. (1), (2), N. R.

V. Candidates for chaplain.—Art. 1737, N. R.

VI. Candidates for assistant naval constructor from civil life.—Art. 1738, N. R.

C. *Instructions relating to such examinations.*

I. All candidates for appointment as commissioned officers in the Navy or Marine Corps from civil life must be physically examined by naval surgeons.

II. In conducting the physical examination of candidates for such appointments, the board of medical officers designated for this purpose shall be governed substantially by the instructions contained in the United States Naval Regulations, relating to the physical examination of recruits.

III. The board shall exercise the greatest care in the performance of this duty, and in the interest of efficiency a high standard of physical requirements should be maintained.

IV. The examination in each case must be completed according to the official forms, and under no circumstances shall it be suspended on the recognition of a disqualifying defect.

V. The board is further required to make a careful urinary analysis in the case of every candidate undergoing examination for appointment.

VI. The urine shall be tested qualitatively, and (if deemed necessary) quantitatively for sugar and albumen. In every case where albumen exists in appreciable quantity a microscopic examination of the urine shall be made.

VII. In every case in which the physical condition of the candidate shows a marked deviation from the usual standards of height and weight, or where there exists marked cachexia or any evidences of constitutional weakness, he shall be rejected.

VIII. Every applicant must have at least 20 sound teeth, and of these not less than 4 opposed incisors and 4 opposed molars. Teeth properly filled shall not be considered unsound.

Acuteness of vision must be as follows:

For the Medical Corps, for civil engineers, and for chaplains, not less than twelve-twentieths for each eye, unaided by glasses, and capable of correction by glasses to twenty-twentieths.

For the Pay Corps, not less than fifteen-twentieths for each eye, unaided by glasses, and capable of correction by glasses to twenty-twentieths.

For the Marine Corps, eighteen-twentieths for each eye, unaided by glasses, and capable of correction by glasses to twenty-twentieths.

IX. The hearing of the candidate must be normal (40/40 inches by watch, and 15/15 feet by voice) for each ear. In determining the candidate's sense of hearing the board shall employ the voice, the ticking of an ordinary watch, and whenever practicable the hearing shall be further tested by Politzer's acoumeter. The voice is a more reliable test for acuteness of hearing than the ticking of an ordinary watch, since it allows for variations in hearing with modifications in pitch and tone. An ordinary whisper spoken with the reserve air after the normal tidal expiration, should be heard in a quiet room at a distance of 5 meters. The usual conversational tone of voice should be heard by normal ears at a distance of 10 meters.

Section II.—PHYSICAL EXAMINATIONS OF OFFICERS OF THE NAVY AND MARINE CORPS FOR PROMOTION.

A. *Laws relating to such examinations.*

I. Physical examination.—Sec. 1493, R. S.

II. Physical disqualification by wounds.—Sec. 1494, R. S.

III. Officers rejected for promotion.—Sec. 1447, R. S.

IV. Marine officers, promotion.—Acts October 1, 1890; July 28, 1892; March 3, 1899.

B. *Regulations relating to such examinations.*

I. Officers of the Navy, examination.—Art. 1752, N. R. 1905-1911, N. R.

II. Officers of the Marine Corps, examination.—Art. 1753, paragraphs (1), (2), N. R.

III. Examination on foreign station.—Art. 1754, N. R.

C. *Instructions relating to such examinations.*

I. All officers of the Navy are required to be physically examined preliminarily to promotion by a board of naval surgeons. Promotions to every grade of commissioned officers in the Marine Corps below the grade of commandant are also made only after physical examination.

II. In conducting the physical examination of officers for promotion the board of medical officers designated for this purpose shall conform in general to the instructions contained in the Navy Regulations relating to the physical examination of recruits.

III. Every such examination must be completed according to the official forms, and shall in no case be suspended on the recognition of the disqualifying defect.

IV. The board of medical officers shall cause a careful urinary analysis to be made in the case of every officer undergoing examination for promotion.

V. The urine shall be tested qualitatively and (if deemed necessary) quantitatively for sugar and albumen. In every case where albumen exists in appreciable quantity the board shall cause a microscopic examination of the officer's urine to be made.

VI. The vision and hearing and the functions of all the other organs of the body must be such as in the opinion and judgment of the board will enable the officers undergoing examination to perform efficiently all of their duties at sea.

Section III.—PHYSICAL EXAMINATIONS OF CANDIDATES FOR ADMISSION INTO THE UNITED STATES NAVAL ACADEMY.

A. *Laws relating to such examinations.*

I. Examination of candidates.—Sec. 1515, R. S.

II. Second recommendation.—Sec. 1516, R. S.

III. Qualifications.—Sec. 1517, R. S.

IV. Ages of candidates after January 1, 1904.—Act March 3, 1903, amending section section 1517, R. S.

B. *Regulation circular relating to such examinations, May, 1901.*

I. Candidates will be examined physically by a board composed of three medical officers of the Navy at the Naval Academy. Any one of the following conditions will be sufficient to cause the rejection of a candidate, viz:

1. Feeble constitution, inherited or acquired.
2. Retarded development.
3. Impaired general health.
4. Decided cachexia, diathesis, or predisposition.
5. Any disease, deformity, or result of injury that would impair efficiency, such as—
6. Weak or disordered intellect.
7. Cutaneous or communicable disease.
8. Unnatural curvature of spine, torticollis, or other deformity.
9. Inefficiency of either of the extremities or large articulations from any cause.
10. Epilepsy or other convulsions within five years.
11. Impaired vision, disease of the organs of vision, imperfect color sense; visual acuteness must be normal (20/20) for each eye upon admission, and 15/20 for each eye (corrected to 20/20 by the aid of glasses) in all examinations subsequent to admission, and in examination at date of graduation.
12. Impaired hearing or disease of either ear.
13. Chronic nasal catarrh, ozena, polypi, or great enlargement of the tonsils.
14. Impediment of speech to such an extent as to impair efficiency in the performance of duty.
15. Disease of heart or lungs or decided indications of liability to cardiac or pulmonary affection.
16. Hernia, complete or incomplete, or undescended testes.
17. Varicocele, sarcocele, hydrocele, stricture, fistula, hemorrhoids, or varicose veins of lower limbs.
18. Diseases of the genito-urinary organs.
19. Chronic ulcers, ingrowing nails, large bunions, or other deformity of the feet.
20. Loss of many teeth, or teeth generally unsound.
21. Cross toes.

II. Attention will also be paid to the stature of the candidate, and no one manifestly undersize for his age will be received at the academy. In the case of doubt about the physical condition of the candidate, any marked deviation from the usual standard of height or weight will add materially to the consideration for rejection. Five feet 2 inches will be the minimum height for the candidate between 16 and 18 years. Five feet 4 inches will be the minimum height for admission between 18 and 20 years of age.

III. Hereafter the decision of the medical board, specially ordered by the Department for the examination of candidates for entrance to the Naval Academy, upon the physical qualifications for admission, will be final.—Department Memo. to Bureau M. and S., May 27, 1904.

C. *Instructions relating to such examinations.*

I. In the examination of candidates for admission as midshipmen into the Naval Academy, medical officers shall be governed substantially by the instructions contained in the Navy Regulations relating to the physical examination of recruits.

II. A high standard of physical excellence is absolutely essential in the cases of all candidates presenting themselves for admission into the Naval Academy, and medical officers should always keep in view the fact that the future physical efficiency of officers of the Navy will depend largely upon the manner in which this important and exacting duty is performed by the board.

III. The board of medical officers designated for this purpose shall consider carefully the several physical imperfections enumerated in the regulations relating to the admission of candidates into the Naval Academy, any one of which will be sufficient cause for their rejection.

IV. A careful urinary analysis shall be made in the case of every candidate undergoing examination. The urine shall be tested qualitatively and (if deemed necessary) quantitatively for sugar and albumen. Where albumen exists in appreciable quantity a microscopic examination shall be made.

V. In every case in which the physical condition of the candidate shows a marked deviation from the usual standards of height and weight he shall be rejected.

VI. The organs of vision must be free from disease. The visual acuteness of the candidate must be normal (20/20) for each eye upon his admission into the Naval Academy, and not less than 15/20 in each eye (capable of correction to normal by the aid of glasses) at date of graduation, or in any examination prior thereto after the entrance examination.

VII. The organs of hearing, both the conducting apparatus (outer and middle ear) and the percipient apparatus (internal ear) must be free from disease. In testing the hearing of the candidate the voice, the ticking of a watch, and, if practicable, Politzer's acoumeter shall be employed.

VIII. The voice is a more reliable method of determining the acuteness of hearing than the ticking of an ordinary watch, as it allows for variations in hearing with the modifications produced by changes in pitch and tone. The candidate should be able to recognize at a distance of 5 meters in a quiet room words spoken in a stage whisper with the reserve air after an ordinary tidal expiration. Under similar circumstances faint, clear whispers should be heard at a distance of 1 meter. The usual conversational tone of voice should be heard by normal ears at a distance of 10 meters.

CHAPTER XII.

Section I.—ENLISTMENTS IN THE NAVY.

A. *Laws relating to enlistments (general-service men).*

I. Term of enlistment.—Act March 3, 1899.
II. Enlisting deserters, minors, etc.—Sec. 1624, R. S.

B. *Laws relating to the enlistment of minors.*

I. Term of enlistment.—Sec. 1418, R. S., May 12, 1879, February 23, 1881.
II. Consent of parents and guardians.—Sec. 1419, R. S., acts May 12, 1879, February 23, 1881.
III. Persons not to be enlisted.—Sec. 1420, R. S., acts May 12, 1879, February 23, 1881.

C. *Law relating to the enlistment of marines.*

I. Enlistments in the Marine Corps.—Act March 3, 1901.

D. *Regulations relating to enlistments (general-service men).*

I. Term of enlistment.—Art. 829, pars. (1), (2), (3), N. R.
II. Enlistments, where authorized.—Art. 830, (a), (b), (c), (d), N. R.
III. Examination of recruits.—Art. 831, par. (1), N. R.
IV. Persons with physical disabilities, enlisted.—Art. 831, pars. (2), (3), N. R.
V. Enlistment of non-English speaking persons.—Art. 831, par. (4), N. R.
VI. Who may not be enlisted.—Art. 832, pars. (1), (2), (3), (4), N. R.
VII. Ratings in which first enlistment will be made.—Art. 833, N. R.
VIII. Reenlistment.—Art. 834, N. R.
IX. Continuous-service men physically disqualified.—Art. 837, N. R.

E. *Regulations relating to the enlistment of apprentice seamen.*

I. Enlistment, where made.—Art. 928, N. R.
II. Parent or guardian to accompany persons under 18 years of age wishing to enlist.—Art. 929, N. R.
III. When parent or guardian is unable to appear.—Art. 930, N. R.
IV. Necessary qualifications for enlistment.—Art. 931, pars. (1), (2), (3), (4), N. R.
V. Persons not to be enlisted.—Art. 932, N. R.
VI. Entitled to benefit of pension laws.—Art. 933, N. R.

F. *Regulations relating to the enlistment of marines.*

I. Recruiting service.—Art. 985, pars. (1), (2), (3), N. R.
II. Recruiting officer.—Art. 986, N. R.
III. Enlistments and reenlistments.—Art. 987, pars. (1), (2), (3), N. R.

Section II.—PHYSICAL EXAMINATION OF RECRUITS FOR ENLISTMENT IN THE NAVY AND MARINE CORPS.

A. *Regulations relating to the physical examination of recruits (marines and general-service men).*

I. Records of examinations.—Art. 1123, N. R.

II. Only medical officers to conduct examinations.—Art. 1124, N. R.

III. Examinations must be completed in every case.—Art. 1125, N. R.

IV. Care to be exercised in examinations.—Art. 1126, N. R.

V. Examination of the body: (a) General surface; (b) extremities and articulations; (c) thorax; (d) abdomen, groin, and genitals; (e) spine and perineum; (f) head, face, and neck.—Art. 1127, N. R.

VI. Intelligence.—Art. 1128, N. R.

VII. Age.—Art. 1129, N. R.

VIII. Entries upon "list of persons examined:" (a) Names; (b) date of birth; (c) place of birth; (d) complexion, hair, and eyes; (e) other personal characteristics; (f) family history; (g) age; (h) weight; (i) height; (j) thorax; (k) vision; (l) color perception; (m) health, sickness, etc.—Art. 1130, N. R., circular, Bureau of Navigation, September 1, 1902.

IX. Entries to be made on enlistment records.—Art. 1131, paragraphs (1), (2), N. R.

X. When defects are waived by Navy Department.—Art. 1132, N. R.

XI. Reexamination of recruits transferred from a rendezvous.—Art. 1133, N. R.

XII. Recruits to be vaccinated.—Art. 1134, N. R.

B. *Instructions relating to the physical examination of recruits (marines and general-service men).*

(a) INSTRUCTIONS RELATING TO THE GENERAL EXAMINATION OF RECRUITS.

I. Medical officers on recruiting duty shall exercise the greatest care and thoroughness in conducting the physical examination of persons presenting themselves for enlistment in the Navy and Marine Corps. While the instructions are applicable in general to all physical examinations, they are intended to cover more particularly the examinations of applicants presenting themselves for original enlistment.

II. No educational standard has been officially established for recruits presenting themselves for enlistment in the naval service. The regulations require, however, that a candidate shall be able to read and write and that he should possess a reasonably quick and clear understanding. The Government recognizes the necessity for the improvement in the educational training of the enlisted force by the establishment of schools for their instruction and by providing at all naval stations reading rooms, and on board of all ships carefully selected libraries for their improvement and advancement.

III. Section 1420 of the Revised Statutes forbids the enlistment in the naval service of any intoxicated person. The evident intention of the law was not only to prevent the admission into the service of men who at the time of presenting themselves for enlistment were under the influence of alcoholic stimulants and drugs, but of those also who were of intemperate habits. A thorough inquiry should be made into the history of any applicant in which habits of intemperance are suspected. Long indulgence in habits of intemperance will be indicated by persistent redness of the eyes, tremulousness of the hands, sluggishness of the intellect, an eruption upon the face, and purple blotches upon the legs. Medical officers should remember that the recruiting rendezvous is a favorite resort for men from the vagrant and criminal classes, and they should be particularly careful by a study of their personal characteristics to prevent their enlistment in the naval service.

IV. Certain defects which are frequently found associated with the physical conditions of men undergoing their second, third, or fourth enlistments are not necessarily causes for rejection. If deemed of sufficient importance to cause their rejection, a waiver of the defects may be recommended, provided, however, that such disabilities will not interfere with the performance of their duties. Physical infirmities naturally associated with age and long service should be carefully considered in the examinations of all continuous-service men, and in determining the physical fitness of all men presenting themselves for reenlistment in the Navy and Marine Corps medical officers are expected to exercise judgment and discretion. In the case of applicants presenting themselves for original enlistment, the standard of physical requirements must be rigidly complied with.

V. The examining surgeon shall consider carefully the physical adaptability of the applicant in relation to the character of the duties which he may be called upon to perform. Moderate height and compact build are requisite in the rating of fireman and coal passer. The duties pertaining to these ratings are extremely arduous, and applicants for such positions must conform in every particular to the required physical standard.

VI. Slight physical defects in applicants who belong to the seafaring class, or in those who have had experience in military life, have less significance than they might otherwise have in the cases of recruits whose lives have been passed in occupations of a more confining and debilitating character. In the latter class of candidates the unusual and peculiar services that would necessarily be exacted of them might develop any weaknesses or constitutional physical traits that existed prior to enlistment.

VII. While it is not expected that candidates for special ratings should possess the physique and endurance of those actively engaged in strictly military duties, the examining surgeon should remember that all candidates examined for the several special ratings are enlisted for the performance of all duties pertaining to the naval service ashore and afloat.

VIII. The examining surgeon shall consider carefully the physiognomy of the candidate. Where the applicant's face is marked by great deformity, warts, or extensive birthmarks, he shall be considered undesirable for the service and shall be rejected.

IX. The examining surgeon shall exercise the greatest care in the examination of the applicant's feet. Pronounced flat foot, loss or deformity of the large toe, or of two of the smaller toes on one or both feet, partial ankylosis of the ankles, marked callosities or ingrowing toe nails, and any other defects which in the opinion of the examining surgeon may interfere with marching or prolonged sentry or deck duty, shall be considered causes for rejection of the applicant.

X. The absence of or the marked deformity of the right index finger or thumb shall cause the rejection of the applicant. The importance attached to the absence of or deformity of the left index finger or thumb will depend upon the adaptability of the applicant for his special rating, and provided that he is otherwise physically sound.

XI. In determining the weight to be attached to slight degrees of varicocele, varicose veins, and hemorrhoids, the examining surgeon shall carefully consider the age, the general physique, and the rating of the applicant. All candidates with hydrocele shall be rejected, also all candidates with varicocele when accompanied by atrophy of the testes.

XII. Marked enlargement in either testicle or the absence of both testicles shall cause the rejection of the applicant. Applicants whose clothing exhales the odor of urine, or who present any evidences of incontinence of urine, shall be rejected. Cases of epispadias and hypospadias shall be rejected.

XIII. The absence or extensive caries of 4 molar teeth, or of a less number where the canines, incisors, or bicuspids are absent, or markedly defective, shall cause the rejection of the applicant. Defective teeth when not reaching the limits prescribed for rejection, but when combined with other minor physical defects, shall also cause rejection. Every recruit must have at least 20 sound teeth, and of these not less than 4 opposed incisors and 4 opposed molars.

XIV. The examination for visual acuteness is of the utmost importance, and shall be conducted by the medical officer with the greatest care and patience. An appreciable percentage of men are the subjects of slight visual defects, and in the cases of many of those presenting themselves for reenlistment and enlistment these defects may not be sufficiently serious to disqualify them for the naval service. The ignorance, stupidity, or fear on the part of an applicant undergoing examination should be taken into consideration by the examining surgeon, and unless the examination is conducted with care and deliberation an applicant may be rejected whose vision is in reality good. Slight errors on the part of the applicant, such as misreading a P or T for an F, provided the majority of the letters or test characters are read with facility, need not be regarded as sufficient cause for rejection. The examination shall be conducted in a large well-lighted apartment, and the test cards shall be placed in a good light. The applicant stands at a distance of 20 feet, one eye being tested at a time, and the other covered by a card. Vision is to be expressed as a fraction, of which the numerator shall be the distance at which Snellen's 20-foot test can be determined, and the denominator 20. Normal vision (20/20) for each eye, tested separately, shall be required, but in candidates who are otherwise physically sound a minimum visual acuteness of 15/20 shall suffice. The existence of several minor defects, combined with a visual acuteness of 15/20 in each eye, shall cause the rejection of the applicant.

XV. The organs of hearing, both the conducting apparatus (outer and middle ear) and the percipient apparatus (internal ear) must be free from disease. In testing the hearing of the applicant advantage should be taken of the absence of other sounds to make the examination. Medical officers should remember that the applicant may be totally deaf in one ear, and yet may hear all ordinary conversation perfectly if the sound ear is not completely closed. Deafness may be caused by an accumulation of hardened wax, therefore an otherwise desirable recruit should have his ears well cleaned before final action is taken in his case. Hearing shall be expressed as a fraction of which the numerator shall be the distance in inches at which the ticking of an ordinary watch can be heard, and the denominator 40. If the voice is used, hearing shall be expressed as a fraction, of which the numerator shall be the distance in feet at which the voice of the examiner can be heard, and the denominator 15. In addition to the voice and watch tests the hearing of the candidate shall, if practicable, be determined by the employment of Politzer's acoumeter. The voice is a more reliable method of determining the acuteness of hearing than the watch test, as it allows for variations in hearing with the modifications produced by changes in pitch and tone. Complete deafness in either ear shall be considered a sufficient cause for rejection. Before completing the examination the medical officer shall satisfy himself of the patency of the eustachian tubes and the integrity of the tympanic membranes.

XVI. Recruits presenting themselves for enlistment in the naval service shall be rejected by the examining surgeon for any one of the following conditions:

(b) GENERAL DISQUALIFICATIONS.

1. *Mental infirmities.*—Insanity, idiocy, imbecility, dementia.

2. *Moral infirmities.*—Intemperance in the use of stimulants or narcotics, conviction of felony, masturbation, sodomy.

3. *Diseases of the cerebro-spinal system.*—Epilepsy, chorea, all forms of paralysis, tabes dorsalis, neuralgia, stuttering.

4. *Constitutional diseases.*—Feebleness of constitution (poor physique), scrofulous diathesis, cancerous diathesis, syphilis.

(c) SPECIAL DISQUALIFICATIONS.

1. *The skin.*—All chronic, contagious, and parasitic diseases of the skin, extensive nævi, deep and adherent cicatrices, chronic ulcers, vermin.

2. *The head.*—Abnormally large head; considerable deformities, the consequence of fracture; serious lesions of the skull, the consequence of complicated wounds or the operation of trephining; caries and exfoliation of the bone, injuries of cranial nerves, tinea capitis, alopecia.

3. *The spine.*—Caries, spina bifida, lateral curvatures of the cervical, dorsal, or lumbar regions; lumbar abscess, rickets, fracture and dislocation of the vertebræ, angular curvatures, including gibbosity of the anterior and posterior parts of the thorax.

4. *The ears.*—Deafness of one or both ears, all catarrhal and purulent forms of acute and chronic otitis media, polypi and other growths or diseases of the tympanum, labyrinth, or mastoid cells; perforation of the tympanum; closure of the auditory canal, partial or complete, except from acute abscess or furuncle; malformation or loss of the external ear and all diseases thereof, except those which are slight and and nonprogressive.

5. *The eye.*—Loss of eye, total loss of sight of either eye, conjunctival affections, including trachoma, entropion; opacities of the cornea, if covering a part of a moderately dilated pupil; pterygium, if extensive; strabismus, hydrophthalmia, exophthalmia, conical cornea, cataract, loss of crystalline lens, diseases of the lachrymal apparatus, ectropion, ptosis, incessant spasmodic motion of the lids, adhesion of the lids, large encysted tumors, abscess of the orbit, muscular asthenopia, nystagmus. Any affection of the globe of the eye or its contents; defective vision, including anomalies of accommodation and refraction; myopia; hypermetropia, if accompanied by asthenopia, astigmatism, amblyopia, glaucoma, diplopia, color blindness.

6. *The face.*—Extensive nævi, unsightly hairy spots, extensive cicatrices on the face.

7. *The mouth and fauces.*—Harelip, simple, double, or complicated; loss of the whole or a considerable part of either lip; unsightly mutilation of the lips from wounds, burns, or disease; loss of the whole or part of either maxilla, ununited fractures, ankylosis, deformities of either jaw interfering with mastication or speech, loss of certain teeth, cancerous or erectile tumors, hypertrophy or atrophy of the tongue, mutilation of the tongue, adhesion of the tongue to any parts, preventing its free motion; malignant diseases of the tongue, chronic ulcerations, fissures or perforations of the hard palate, salivary or bucco-nasal fistulæ, hypertrophy of the tonsils sufficient to interfere with respiration or phonation.

8. *The neck.*—Goiter, ulcerations of the cervical glands of scrofulous ulcerations, tracheal openings, wry neck, chronic laryngitis, or any other disease of the larynx which would produce aphonia, stricture of the œsophagus.

9. *The chest.*—Malformation of the chest, or badly united fractures of ribs or sternum sufficient to interfere with respiration; caries or necrosis of ribs, deficient expansive mobility, evident predisposition to phthisis, phthisis pulmonalis, chronic pneumonia, emphysema, chronic pleurisy, pleural effusions, chronic bronchitis, asthma, organic disease of the heart or large arteries, serious protracted functional derangement of the heart, dropsy dependent upon a disease of the heart.

10. *The abdomen.*—All chronic inflammations of the gastro-intestinal tract, including diarrhea and dysentery; diseases of the liver or spleen, including those caused by malarial poisoning; ascites, obesity, dyspepsia, if confirmed; hemorrhoids, prolapsus ani, fistula in ano, considerable fissures of the anus, hernia in all situations.

11. *Genito-urinary organs.*—Any acute affections of the genital organs, including gonorrhea and venereal sores; loss of the penis, phimosis, stricture of the urethra, loss of both testicles, permanent retraction of one or both testicles within the external ring, and chronic disease of the testicle, hydrocele of the tunic and cord, atrophy of the testicle, varicocele, malformations of the genitalia, incontinence of urine, urinary fistulæ, enlargement of the prostate, stone in the bladder, chronic cystitis, all diseases of the kidney.

12. *Affections common to both the upper and lower extremities.*—Chronic rheumatism, chronic diseases of joints, old or irreducible dislocations or false joints, severe sprains, relaxation of the ligaments or capsules of joints, dislocations, fistulæ connected with joints, or any part of bones; dropsy of joints, badly united fractures, defective or excessive curvature of long bones, rickets, caries, necrosis, exostosis, atrophy or paralysis of a limb; extensive, deep, or adherent cicatrices, especially of burns, contraction or permanent retraction of a limb or portion thereof, loss of a limb or portion thereof.

13. *The superior extremities.*—Fracture of the clavicle, fracture of the radius and ulna, webbed fingers, permanent flexion or extension of one or more fingers, as well as irremediable loss of motion of these parts; total loss of either limb, mutilation of either thumb, total loss of the index finger of the right hand, loss of the second and third phalanges of all the fingers of either hand, total loss of any two fingers of the same hand.

14. *The lower extremities.*—Varicose veins, knock-knees, clubfeet, splay or flat feet, webbed toes, the toes double or branching, the great toe crossing the other toes, bunions, corns, overriding or superposition of any of the toes to an extra degree, loss of a great toe, loss of any two toes of the same foot, permanent retraction of the last phalanx of any of the toes, or flexion at a right angle of the first phalanx of a toe upon the second, with ankylosis of the articulation; ingrowing of the nail of the great toe, bromidrosis.

General causes.—Evidences of frostbite; suspected fever, to be determined by use of thermometer.

16. Table of physical proportions for height, weight, and chest measurement of adults. (Bureau of Navigation Circular, July 1, 1905):

Height.	Weight.	Chest, mean circumference.
Inches.	*Pounds.*	*Inches.*
64	128	33
65	130	33
66	132	33½
67	134	34
68	141	34¼
69	148	34½
70	155	35¼
71	162	36
72	169	36¼
73	176	36½

17. A variation not exceeding 1 inch is permissible if the applicant is in good health and desirable as a recruit. A variation not exceeding 10 pounds in weight or 2 inches in chest measurement below the standard given in the table is admissible when the applicant for enlistment is active, has firm muscles, and is evidently vigorous and healthy, except for enlistment in the rate of coal passer, for which rate full standard measurements will be required. A chest expansion of less than 2 inches in a minor, or of less than 2½ inches in an adult, is a sufficient cause for rejection of an applicant. The table is given to show what is regarded as a fair standard of physical proportions, and not as an absolute guide to be followed in deciding upon the acceptance of recruits.

C. *Regulations relating to the physical examination of apprentice seamen for enlistment.*

I. Physical examinations shall be made by the medical officer at the recruiting station where applicants present themselves for enlistment as apprentice seamen. (Bureau of Navigation Circular, July 1, 1905.)

II. Applicants presenting themselves for examination for enlistment as apprentice seamen in the naval service must be of robust frame, intelligent, of perfectly sound and healthy constitution, and free from any of the physical defects specified in Bureau of Navigation Circular, July 1, 1905.

D. *Instructions relating to the physical examination of apprentice seamen for enlistment.*

I. Every person before being enlisted must pass the physical examination prescribed in the medical instructions, and no person shall be enlisted for the naval service unless pronounced fit by the commanding and medical officers, except by special authority in each case from the Navy Department.

II. A minor enlisting as apprentice seaman must have—

	Minimum height.	Minimum weight.
	Inches.	*Pounds.*
At 17 years of age	62	110
At 18 years of age	64	115
At 19 years of age	64	120
At 20 years of age	64	125

III. Marked disproportion of weight over height is not a cause for rejection unless the applicant is positively obese.

IV. Any one of the following conditions will be sufficient to cause the rejection of the applicant:

1. Feeble constitution, general poor physique, or impaired general health.

2. Any disease or deformity, either congenital or acquired, that would impair efficiency, such as: Weak or deranged intellect, cutaneous disease not of a mild type, parasites of the skin or its appendages, deformity of the skull, abnormal curvature of the spine, torticollis, inequality of upper or lower extremities, inefficiency of joints or limbs, deformity of joints or bones either congenital or the result of disease or injury, evidence of epilepsy or other convulsions, defective vision (minimum 15/20 S. in either eye), disease of the eye, color blindness, impaired hearing or disease of the ear, chronic nasal catarrh, ozena, polypi, great enlargement of tonsils, impediment of speech, disease of heart or lungs or predisposition to such disease, enlarged abdominal organs or evidence of cirrhosis, tumors, hernia, undescended testicle, large varicocele, sarcocele, hydrocele, stricture, fistula, hemorrhoids, large

varicose veins, disease of the genito-urinary organs, chronic ulcers, ingrowing nails, bad corns, large bunions, deformity of toes, loss of many teeth or teeth generally unsound (teeth properly filled not to be considered unsound). Every recruit must have at least twenty sound teeth, and of these not less than four opposite incisors and four opposite molars.

3. Any acute disease.

V. Each recruit shall be required to take the oath of allegiance, and further state that the statement he makes regarding his date of birth and previous naval service is correct, and that he is not subject to fits, has no disease concealed or likely to be inherited, and has no stricture or internal piles.

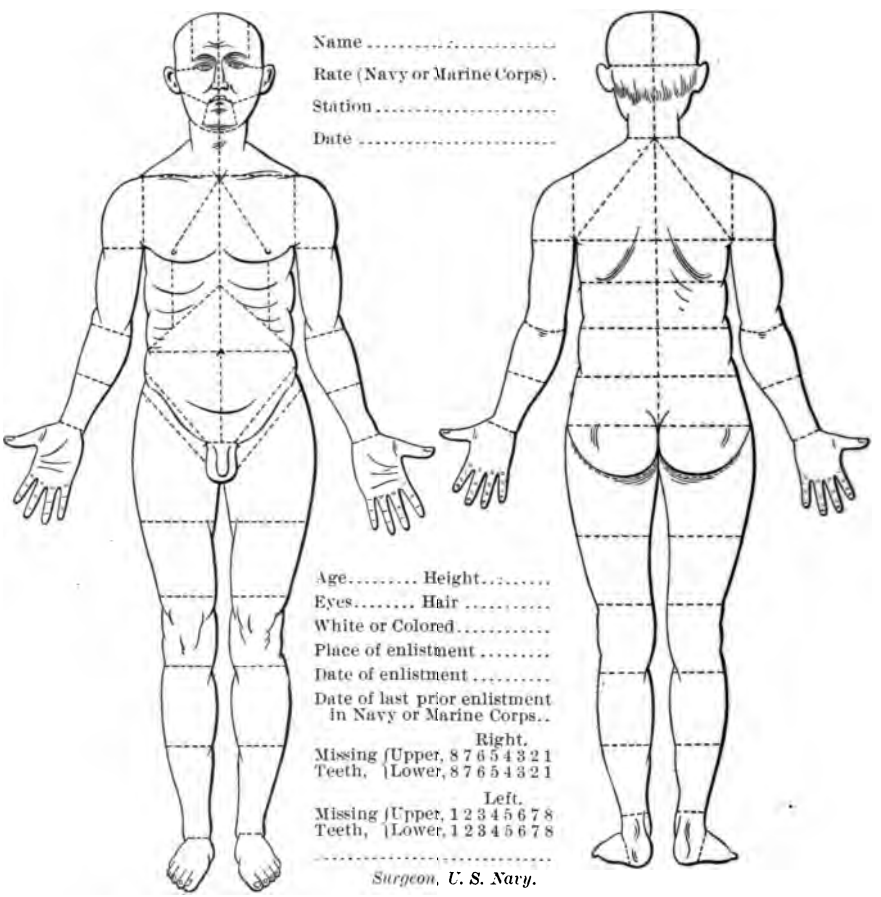
CHAPTER XIII.

OUTLINE FIGURE CARD.

A. *Blank form employed and instructions relating to its preparation.*

I. Blank forms—"outline figure cards"—will be furnished by the Bureau of Medicine and Surgery to all medical officers attached to recruiting rendezvous, receiving ships, and wherever recruits are examined for enlistment.

II. An outline figure card shall be filled out in the case of every recruit that has

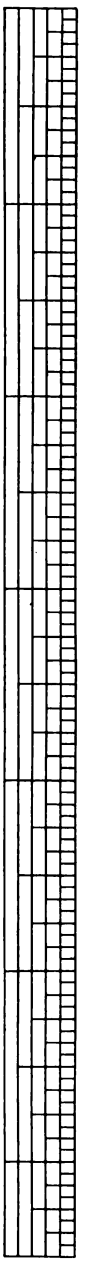

Name .....
Rate (Navy or Marine Corps) .
Station .....
Date .....
Age..... Height.....
Eyes..... Hair .....
White or Colored.....
Place of enlistment .....
Date of enlistment .....
Date of last prior enlistment in Navy or Marine Corps..
Right.
Missing Teeth, Upper, 8 7 6 5 4 3 2 1
Lower, 8 7 6 5 4 3 2 1
Left.
Missing Teeth, Upper, 1 2 3 4 5 6 7 8
Lower, 1 2 3 4 5 6 7 8
.....
Surgeon, U. S. Navy.

been found physically qualified and accepted for enlistment and for every sailor or marine who presents himself for reenlistment.

III. The outline figure card shall be prepared in duplicate. The original shall be forwarded with Form X, Abstract of enlistment, to the Bureau of Medicine and Surgery. The duplicate copy shall be retained for the files of the recruiting rendezvous or wherever the enlistments have been made.

IV. Medical officers on recruiting duty shall observe the greatest care in the preparation of these cards and shall exercise every care that the record on each card may be complete.

V. The outline cards filed among the records of the Bureau of Medicine and Surgery shall be used for the purpose of identifying sailors and marines making application for pensions or other claims against the Government; also for the identification of deserters and other undesirable men on presenting themselves for enlistment or reenlistmnet in the service.



VI. The medical officer shall make a careful and systematic examination of the body of the man, front and rear, on each side of the median line, separately, commencing at the scalp and ending at the foot, and the following directions shall be carefully noted:

(a) Cards showing less than five marks in addition to vaccination scars, tattooing, loss of teeth, and deformities (which should likewise be noted), cannot be relied upon in the effort to discover identity or to identify a person in suspected cases. Experience shows that as many as ten or fifteen marks may usually be found.

(b) If no marks be found upon the recruit, the fact should be stated upon both the front and back of the card. If marks are found upon the front and none upon the rear or vice versa, the entry "no mark" should be made upon the appropriate side of the card.

(c) Outline figure cards are to be made out in permanent black ink. *Copying ink or indelible pencils should not be used.*

(d) *Name.*—Christian and middle name in full, and surname in the order to be used. The name should be written very plainly, or preferably typewritten or printed in plain gothic letters.

(e) *Rate.*—The rate in which recruit is enlisted shall always be stated.

(f) *Age.*—The age at the time the card is prepared is the one that shall be given.

(g) *Height.*—The height is to be given in inches, and, as it is relied upon as a base in comparing the cards of recruits with the classified descriptions of the former sailors or marines, and as the measurement may to a considerable degree be affected by efforts at deception on the part of the recruit, great care in ascertaining it is enjoined.

(h) *Hair.*—The scale of hair colors may be given as follows:

Flax color.
Light brown.
Of red hair, as follows:
- Brick red.
- Sandy red.
- Auburn (reddsih brown).

Dark brown.
Black.
Of gray hair, as follows:
- Dark gray.
- Light gray, approaching white.
- Iron gray (mixed).

(i) *Eyes.*—The eyes should be compared by placing the subject with the face in good light. Slide the Standard Eye Chart up or down the left side of the face, close to the left eye. The nearest approach in similarity of color is the number to be given. If the right eye is distinctly different in color, its number also should be given.

(j) *White or colored.*—Write the word "white" or "colored" to indicate race, as the case requires. Do not indicate it by crossing out one of the words.

(k) *Date of last prior enlistment in the Navy or Marine Corps.*—If the recruit has had no prior service in the Navy or Marine Corps, write the word "none."

(l) *Missing teeth.*—To indicate missing teeth, draw lines through the numbers corresponding to the teeth that are absent. If none are missing, write the word "no" in front of or above the words "missing teeth." This will show that they were not overlooked.

(m) *Station and date.*—Write the name of the station at which the card is made out, and the date of its preparation.

VII. Marks on the outline-figure card should be made at points corresponding to those occupied by the marks on the body of the recruit. This may readily be accomplished by drawing imaginary lines on the body of the recruit, like the dotted lines on the card, and placing the mark in the proper position on the card. As the dotted lines mark the boundaries of regions which are used in the systematic arrangement of the cards for purposes of identification, it is important that each mark on the card should be placed in its proper position.

(a) A pen picture is desired of all marks, showing their inclination and general shape. In the case of tattoos this is optional.

(b) A straight line should be drawn from each mark to its description on the right or left of the figure. When avoidable, these lines should not cross each other.

(c) When a description is common to a number of marks, it need not be repeated for each one, but the lines may converge to it, if they can do so without crossing others.

(d) The size of all scars, moles, warts, birthmarks, etc., are to be given in inches or fractional parts thereof, except in the case of pin-head moles (abbreviation p. m.).

(e) Pin-head moles are moles less than one-eighth of an inch in diameter.

(f) Tattoo marks should invaribly be noted and described in detail as they appear. In the case of devices composed of two or more figures, the component parts should be named, e. g., "Heart, cross, and anchor," not "Faith, hope, and charity." "Clasped hands," *not* "Friendship." "Eagle, shield, crossed cannon, flags, and arrows," *not* "American coat of arms." The same applies to all emblems, coats of arms, lodge pins, badges, etc.

(g) Letters, initials, and words should be printed, by hand, in plain roman capitals or gothic, thus: "J. H. M.," "U. S. V.," "I. X. L.," "IN GOD WE TRUST," etc.

(h) Details of costume, posture, and relationship to other devices should be given in the case of tattooed representations of men and women, e. g., "Woman clinging to a cross;" "Man and woman embracing, houses, light-house and ship in the background;" "Sailor standing by a tombstone, weeping willow over head, cap in right hand, words IN MEMORY OF MY MOTHER on stone."

(i) The size of tattoos need be given only in the case of dots, blotches, circles, lines, etc.

(j) It is not necessary to state the color or kind of pigment used in the tattooing.

(k) Do not crowd the description of tattoos between the right arm of the figure and the edge of the card in front, nor the left arm and edge of the card on the back.

(l) Indecent or obscene tattooed designs are causes of rejection, but the applicant should be given an opportunity to alter the design, in which event he may, if otherwise qualified, be accepted.

(m) Do not write on the figure. The figure is to be used only for the purpose of locating, by pen pictures, the different marks found on the body of the recruit.

(n) Amputations and losses of parts of fingers and toes should be noted, showing the particular member injured and how much of it is gone.

VIII. The following abbreviations are authorized and will be understood in the sense indicated, viz:

Amp. = amputation.
bl. = blue.
bmk. = birthmark.
bro. = brown.
d. = depressed, except when following a dimension; then it stands for diameter.
f. = flat.
fl. = fleshy.
h. = hairy.
m. = mole.
p. = pitted.
p.m. = pin-head mole.
r. = raised.
s. = scar or smooth.
v. = vaccination.
var. = varicose veins or varicocele.
w. = wart.

(a) All combinations of these abbreviations are admissible, e. g., p. s. ½ d. = pitted scar one-half inch in diameter; r. h. m. ¼ d. = raised hairy mole, one-quarter inch in diameter; s. 1 = scar one inch long; f. p. s. 1 x ½ = an oval, flat, pitted scar 1 inch long and one-half inch wide.

(b) Abbreviations denoting shape are unnecessary, for the letter "d," following a dimension, shows that the work is circular. Two dimensions given indicate that the mark is oval or oblong, and when no letter follows the dimension it is understood that the scar or mark is linear.

(c) When a linear mark or scar is otherwise than straight, the length to be given is the shortest distance from one extremity to the other.

(d) The letters "T. M." should not be used as abbreviations for "tattoo marks," as they are liable to be taken for tattooed letters on the person.

CHAPTER XIV.

Section I.—SURVEYS ON THE PERSONNEL.

A. *Regulations relating to medical surveys.*

I. Order for survey.—Art. 1418, N. R.

II. Boards of medical survey.—Art. 1419, N. R.

III. Reports of survey.—Art. 1420, N. R.

IV. Instructions for making reports of medical survey.—Art. 1421, pars. (1), (2), N. R.

V. Cases to be disposed of without delay.—Art. 1422, pars. (1), (2), N. R.

VI. Surveys on enlisted men in the United States.—Art. 1423, N. R.

VII. Transportation of enlisted persons.—Art. 1584, N. R.

B. *Instructions relating to medical surveys.*

I. In all cases of medical survey held on board ship and at navy yards and at naval stations the medical officer requesting such survey shall cause a full entry of the report of the board to be entered on the medical journal. If the survey is held at a naval hospital a copy of the report shall be attached to the case paper.

II. In the surveys held at hospitals the board shall be careful to specify in their report the name of the vessel from which the patient was received.

III. Enlisted men condemned by survey on foreign stations who are recommended for discharge from the service shall be sent to a receiving ship and not to a naval hospital for final action, and such disposition of these cases shall be specifically stated by the board in their recommendation.

IV. If in the opinion of the board of survey any of the cases require further treatment they shall, upon approval of commanding officer, be transferred to a naval hospital.

V. The expenses of enlisted men of the Navy condemned by survey and transferred to a receiving ship for discharge from the service are borne by appropriation "Transportation, Bureau of Navigation."

VI. The expenses of enlisted men in the Marine Corps sent to a marine barracks for discharge from the service are borne by appropriation "Transportation and recruiting, Marine Corps."

VII. The expenses connected with the transportation of sick enlisted men of the Navy and Marine Corps to naval hospitals are a charge against appropriations under the control of the Bureaus of Navigation and Medicine and Surgery.

VIII. Medical survey on officers and enlisted men of the Navy, when acted upon by the officer convening the board, are forwarded in triplicate to the Bureau of Navigation. Upon their receipt they are referred to the Bureau of Medicine and Surgery for the information and action of the Surgeon-General, whose province it is to recommend the approval, modification, or disapproval of the report of the board. One copy of the report is retained on the files of the Bureau of Medicine and Surgery, the second copy is furnished the Pension Office, and the third copy is returned to the Bureau of Navigation. The copy of survey returned to the Bureau of Navigation is forwarded by that Bureau to the officer ordering the survey, for his information, and after complying with the instructions contained therein it is returned by him to the Bureau of Navigation for its permanent files.

IX. Medical surveys upon officers and enlisted men of the Marine Corps take the same course, after action by the officer convening the board, except that Headquarters United States Marine Corps, is substituted for the Bureau of Navigation in the subsequent disposition of the copies of the report of survey.

X. Requests for medical survey shall be made upon Form L, and may embrace any number of cases. Reports of medical survey shall be made upon Form M, and shall be made in triplicate.

Section II.—SURVEYS ON MATERIAL.

A. *Regulations relating to surveys on material.*

I. Medical stores.—Art. 1455, pars. (1), (2), (3), (4), (5), (6), N. R.

II. Clothing and personal effects of officers and men.—Art. 1456, pars. (1), (2), N. R.

III. Articles unserviceable afloat.—Art. 1438, pars. (1), (2), N. R.

B. *Instructions relating to surveys on material.*

I. Forms C and Ca shall be used in surveys upon all supplies and material in the Medical Department of the Navy.

II. Medical officers will not be released from responsibility for the value of property in the Medical Department unless the expenditure is authorized by the Bureau or by a board of survey.

III. Form Ca shall be used in all surveys upon property embraced on the supply table. This includes surveys on board ship.

IV. Form C shall be used in all surveys upon property at United States Naval medical supply depots.

V. Articles recommended for survey shall be disposed of under one of the following subcolumns, viz:

(a) Fit for issue or use.

(b) Fit for issue or use (when repaired).

(c) To naval medical supply depots at New York and Mare Island for future disposition. On Asiatic Station to the naval medical supply depot, Cavite, P. I., preferably.

(d) To general storekeeper for appraisal and sale.

(e) Destroy, being useless and valueless.

In report of survey held at the United States Naval medical supply depots Column VIc will be used.

VI. Articles entirely useless and valueless, or which are prejudicial to the health of the ship's company, shall be entered under Column VIe.

VII. Whenever surveyed articles are sent to the United States naval medical supply depots, they shall be accompanied by duplicate invoices, on which shall be noted dates of survey and disposition recommended as to the articles invoiced.

VIII. Surveys on articles on board ship and at stations and hospitals may be held semiannually, or as often as may be necessary.

IX. At the naval medical supply depots surveys shall be held, whenever deemed necessary by the medical officer in charge, of all returned stores from ships and stations, and upon such stores as are broken or unaccounted for, or which have undergone deterioration from various causes.

X. In reports of survey held at the United States naval medical supply depots the following directions shall be observed, viz:

1. Columns IVa and IVb shall refer to the dates when, and from what ships and stations "returned stores" were received.

2. Columns IVa and IVc shall refer to the dates when received, and the name of firm or dealer from whom received, of such stores as are broken, missing, and unaccounted for, or which have undergone deterioration from various causes.

XI. In reports of survey held at hospitals, stations, on board ships, or elsewhere, columns IVa and IVb shall be filled out when stores have been received from a United States naval medical supply depot. Stores received from all other sources shall be accounted for under Columns IVa and IVc.

XII. Surveys upon medical property held within the United States shall be ordered by the Bureau of Medicine and Surgery and abroad by the senior officer present.

XIII. Surgical instruments and appliances that have become unfit for further use shall be surveyed before the issue of others. Articles classed under dispensary furniture and supplied in quantities for expenditure may be expended without survey.

XIV. A survey shall be held at the naval medical-supply depots on all medical supplies turned in from cruising ships placed out of commission. Such articles as are found fit for use shall be turned into the general stock for issue.

XV. Whenever any property belonging to the medical department is surveyed and recommended to be sold, the articles shall in all cases be appraised. The medical officer in charge shall make an inventory of the same and shall carefully preserve the property until directed to deliver it for sale. A copy of this inventory shall be forwarded to the Bureau of Medicine and Surgery as soon as the report of survey is approved.

XVI. Supplies delivered to a general storekeeper for sale shall be accompanied by an invoice stating both the original and the appraised value of the articles.

XVII. Reports of survey from receiving ships and all shore stations on property belonging to the medical department shall be forwarded in duplicate to the Bureau of Medicine and Surgery. From ships in squadrons, and before being forwarded, such reports shall receive the indorsement of the surgeon of the fleet.

XVIII. After approval by the Bureau the original of the survey is filed in the Bureau, and the duplicate copy is returned to the medical officer requesting the survey for the files of the medical department of the ship or station.

CHAPTER XV.

MEDICINES AND MEDICAL ATTENDANCE—DEATH CERTIFICATES—FUNERAL EXPENSES.

A. *Laws relating to the several subjects.*

I. Medicines and medical attendance.—Sec. 1586, R. S.

II. Funeral expenses.—Sec. 1587, R. S.

III. Deaths and desertions.—Sec. 1624, R. S., art. 20, A. G. N.

IV. Transportation and burial of the dead (Navy).—Annual naval appropriation act (contingent, Medicine and Surgery).

V. Funeral expenses of Marines, including the transportation of bodies from the place of demise to the homes of the deceased in the United States.—Annual naval appropriation acts (contingent, Marine Corps).

VI. Transportation of remains (special appropriations).—Naval appropriation acts, approved April 27, 1904; March 3, 1905.

B. *Decisions of the Comptroller of the Treasury.*

I. An officer of the Navy traveling under orders entitled to medicines and medical attendance.—Ruling Comptroller's Office, February 11, 1902.

II. (a) Funeral expenses of an enlisted man of the Navy who dies at a naval hospital and is buried by naval authorities, defrayed by Government. (b) If funeral taken charge of by relatives, expenses not chargeable to Government.—Ruling Comptroller's Office, March 19, 1901.

III. Disinterring and transporting of remains.—Ruling, Comptroller's Office, April 8, 1902.

IV. Burial expenses of enlisted men of the Navy.—Ruling, Comptroller's Office, July 5, 1902.

V. Transportation of remains allowed where home is not in United States.—Ruling, Comptroller's Office, November 10, 1902.

VI. Shipment of remains of officers who died at sea chargeable to appropriation, "Bringing home remains of officers and men, Navy and Marine Corps, who die abroad."—Ruling, Comptroller's Office, April 7, 1903.

VII. No funeral expenses may be allowed for a naval officer who dies in Hawaii, as it is not a foreign country.—Ruling, Comptroller's Office, December 14, 1903.

VIII. Public transportation of deceased marines to homes in the United States authorized.—Ruling, Comptroller's Office, March 7, 1904.

IX. Reimbursement of expenses for disinterring and transporting to their homes the remains of enlisted men who die within the continental limits of the United States is authorized.—Ruling, Comptroller's Office, August 3, 1904.

C. *Regulations relating to (a) medicines and medical attendance, (b) certificates of death, (c) funeral expenses.*

(a) MEDICINES AND MEDICAL ATTENDANCE.

I. Expenses incurred for medicines, etc.—Art. 1254, pars. (1), (2), (3), N. R.

(b) CERTIFICATES OF DEATH.

I. Official returns of death or disability.—Art. 1267, N. R.
II. Certificates of death, disability, and pension.—Art. 506, N. R.
III. Report of deaths to be entered in log.—Art. 505, pars. (1), (2), N. R.
IV. Certificates of death.—Art. 718, pars. (1), (2), N. R.
V. Surgeon-General to decide if records are incomplete.—Art. 1269, N. R.

(c) FUNERAL EXPENSES.

I. Funeral expenses of naval officers.—Art. 1262, pars. (1), (2), N. R.
II. Funeral expenses of officers and men of the Marine Corps.—Art. 1263, pars. (1), (2), N. R.
III. Funeral expenses of enlisted men of the Navy.—Art. 1264, pars. (1), (2), (3), N. R.
IV. Estates of deceased persons. Wills of persons dying in the service.—Art. 1265, pars. (1), (2), N. R.

D. *Instructions relating to (a) medicines and medical attendance, (b) certificates of death, (c) funeral expenses.*

(a) MEDICINES AND MEDICAL ATTENDANCE.

I. All officers of the Navy and Marine Corps on duty are entitled to the profes sional services of medical officers of the Navy who are detailed for the purpose. When medical officers are applied to for treatment by officers of the Navy and Marine Corps, who are not regularly under their care, they shall forward the medical histories of such cases to the Bureau of Medicine and Surgery for its files. When this information has been received by the Bureau, in case the officer is on duty, it will be forwarded to the medical officer of the ship or station to which he is attached.

II. Under the law and the regulations expenses incurred by officers of the Navy for medicines and medical attendance shall not be allowed unless they were incurred when they were on duty, and the medicines could not have been obtained from naval medical supplies, or the attendance of a naval medical officer could not have been had.

III. No claims for expenses incurred by officers of the Navy not on duty for medicines shall be allowed.

IV. The regulations require that officers of the Navy on duty where the services of a naval medical officer are not available shall report their condition to the Surgeon-General of the Navy as soon as practicable after the occurrence of their sickness or injury, in order that their claims for expenses may receive immediate attention.

V. All claims for expenses incurred by officers of the Navy for medicines and medical attendance, accompanied by receipted bills, shall be forwarded to the Surgeon-General of the Navy for examination and approval.

VI. A voucher covering the claim for such expenses will be prepared in the Bureau of Medicine and Surgery, and to the first of the voucher all receipted bills will be attached.

VII. Upon the approval of the voucher by the Surgeon-General, it will be forwarded to the Paymaster-General, who orders its payment by such pay officer as he may designate.

(b) CERTIFICATES OF DEATH.

I. The laws and regulations for the government of the Navy require that a record shall be made of all persons whose deaths occur in the naval service.

II. A certificate of death on the form prescribed by the regulations (Form N) shall be made out in duplicate in all such cases, and shall be forwarded to the Bureau of Medicine and Surgery.

III. In the case of the death of an officer of the Navy or Marine Corps, a triplicate copy of Form N shall be prepared and forwarded to the Bureau of Navigation and Headquarters Marine Corps, respectively.

IV. In addition to the record contained in the medical journal relating to the case of an officer or enlisted man of the Navy or Marine Corps whose death occurs on board ship, his name and rank or rate and the time of his death shall be fully entered on the ship's log. This supplementary statement is required by the regulations for the purpose of furnishing the necessary data in the event of the loss of the medical journal or other medical records relating to his death.

V. A report of the death of an officer of the Navy or Marine Corps who dies while on leave, waiting orders, or on special duty, and who was not under the professional care of a medical officer of the Navy, should be made out, if practicable, by the physician who attended such officer during his last illness and forwarded by him to the Bureau of Medicine and Surgery. Upon the receipt by the Bureau of such report a certificate of death will be prepared and signed by the Surgeon-General of the Navy.

VI. Whenever an officer or enlisted man of the Navy or Marine Corps who is not under the professional care of a medical officer of the Navy dies in a civil hospital, at home or abroad, a report of his death should be prepared and forwarded to the Navy Department by the proper authorities in charge of such establishment, and upon its receipt by the Bureau a certificate of death will be prepared and signed by the Surgeon-General of the Navy.

VII. Certificates of death in the cases of officers and men of the retired list of the Navy and Marine Corps shall be prepared by medical officers of the Navy and forwarded to the Bureau of Medicine and Surgery. In the event that any such officer or man was not under the professional care of a medical officer of the Navy at the time of his death, the statement of the civil practitioner who attended him during his last illness shall be accepted, and upon its receipt by the Bureau of Medicine and Surgery a certificate of death shall be prepared and signed by the Surgeon-General of the Navy.

VIII. Upon the receipt by the Bureau of the official notification of the death of an officer or enlisted man of the Navy or Marine Corps in the Government Hospital for the Insane, a certificate of death will be prepared in the Bureau and signed by the Surgeon-General of the Navy.

IX. Upon the receipt of the official notification by the commandant of the navy-yard, Mare Island, Cal., of the death of an officer or enlisted man of the Navy or Marine Corps in the Mendocino State Hospital, California, he shall cause a certificate of death to be prepared by the medical officer in command of the naval hospital under his command, and shall forward it to the Bureau of Medicine and Surgery.

X. All mortuary certificates requiring the seal of the Navy Department will be prepared in the Bureau of Medicine and Surgery, and the necessary data for the preparation of such records shall be based upon the information contained in the certificates of death on file in the Bureau.

XI. The regulations specify that in all cases of death where the official record may be incomplete the Surgeon-General shall decide as to whether such death was received in the line of duty.

(c) FUNERAL EXPENSES.

(aa) OFFICERS OF THE NAVY.

I. Under section 1587 of the Revised Statutes the allowance of the funeral expenses of officers of the Navy who die in the United States is prohibited. The statute also forbids any allowances for travel to attend such funerals.

II. When officers of the Navy on duty die in a foreign country the expenses of their funerals, not exceeding their sea pay for one month, shall be defrayed by the Government, and paid by the paymaster upon whose books the names of the deceased officers were carried for pay.

III. The fact that an officer of the Navy has started on foreign service, but died in a port of the United States at which his vessel had touched, does not relieve his case from the prohibition contained in section 1587 of the Revised Statutes.

IV. Under a decision of the Navy Department the allowance of the funeral expenses of officers who die at sea on their way home from a foreign station is not prohibited by section 1587 of the Revised Statutes.

V. The funeral expenses of naval officers who die on duty in a foreign country shall be defrayed from an appropriation under the control of the Navy Department.

VI. The naval appropriation acts approved April 27, 1904, and March 3, 1905, contain provisions which authorize the Secretary of the Navy, in his discretion, to cause to be transferred to their homes the remains of officers of the Navy who die or are killed in action ashore or afloat. The acts further provide that the sums ($15,000 and $10,000) appropriated for this purpose shall be available for payment for transportation of the remains of officers who have died while on duty at any time since April 21, 1898, and shall be available until used, and applicable to past as well as future obligations.

(bb) ENLISTED MEN OF THE NAVY.

I. The necessary and proper funeral expenses of all enlisted men of the Navy shall be allowed when approved by the Surgeon-General, or, if dying abroad, by the senior officer present.

II. In the case of enlisted men of the Navy who die and are buried out of the United States, the amounts authorized for their funeral expenses shall not exceed the sum of $50 each, unless due regard for decent burial renders a greater expenditure necessary, which fact must be certified to by the officer ordering the payment of the bill.

III. The funeral expenses of enlisted men of the Navy who die in the United States shall be defrayed from the appropriation, "Contingent, Bureau of Medicine and Surgery." If enlisted men of the Navy die at a naval hospital and are buried by the hospital authorities, their funeral expenses shall be defrayed by the Government.

IV. The naval appropriation acts, approved April 27, 1904, and March 3, 1905, contain provisions which authorize the Secretary of the Navy, in his discretion, to cause to be transferred to their homes the remains of enlisted men of the Navy who die or are killed in action ashore or afloat. The acts further provide that the sums ($15,000 and $10,000) appropriated for this purpose shall be available for payment for transportation of the remains of enlisted men who have died while on duty at any time since April 21, 1898, and shall be available until used, and applicable to past as well as future obligations.

V. The expenses of the funeral and interment of enlisted men of the Navy who die abroad, whether ashore or afloat, shall be defrayed from the appropriation, "Contingent, Bureau of Medicine and Surgery."

(cc) OFFICERS OF THE MARINE CORPS.

I. The law makes no provision for the payment by the Government of the funeral expenses of officers of the Marine Corps. Under the regulations such expenses must be charged to the personal accounts of the deceased officers and the bills sent as vouchers with their accounts when transmitted to the Auditor for the Navy Depart-

cial provisions contained in the naval appropriation acts, approved April 27, March 3, 1905, authorize the Secretary of the Navy, in his discretion, to

cause to be transferred to their homes the ~~remains~~ of officers of the Marine Corps who die or ~~are killed in~~ action ashore or afloat. The acts further provide that the sums ($15,000 and $10,000) appropriated for this purpose shall be available for the payment for transportation of the remains of such officers of the Marine Corps who have died while on duty at any time since April 21, 1898, and such sum shall be available until used, and shall be applicable to past as well as future obligations.

(dd) ENLISTED MEN OF THE MARINE CORPS.

I. The necessary and proper funeral expenses of enlisted men of the Marine Corps are provided for by law, and the bills for such expenses are public bills.

II. The funeral expenses of enlisted men of the Marine Corps who die on board ship, whether in the United States or abroad, shall be defrayed from the appropriation, "Contingent, Bureau of Medicine and Surgery."

III. The funeral expenses of enlisted men of the Marine Corps who die at a naval hospital are defrayed partly from the appropriation, "Contingent, Bureau of Medicine and Surgery," and partly from the appropriation, "Contingent, Marine Corps."

IV. The funeral expenses of enlisted men of the Marine Corps who die on shore abroad shall be defrayed from the appropriation, "Contingent, Marine Corps."

V. The funeral expenses of enlisted men of the Marine Corps who die on shore in the United States (subject to the provisions contained in paragraph III), shall be paid from the appropriation, "Contingent, Marine Corps."

VI. Special provisions contained in the naval appropriation acts, approved April 27, 1904, and March 3, 1905, authorize the Secretary of the Navy, in his discretion, to cause to be transferred to their homes the remains of enlisted men of the Marine Corps who die or are killed in action ashore or afloat. The acts further provide that the sums ($15,000 and $10,000) appropriated for this purpose shall be available for the payment for transportation of the remains of such enlisted men of the Marine Corps who have died while on duty at any time since April 21, 1898, and such sum shall be available until used, and shall be applicable to past as well as future obligations.

CHAPTER XVI.

Section I.—SUPPLIES OR SERVICES.

A. *Laws relating to their procurement.*

I. Regulations of supplies.—Sec. 1549, R. S.

II. Advertisements for proposals.—Sec. 3709, R. S., acts June 22, 1874, January 27, 1894.

III. Naval supplies, how purchased and issued.—Act March 2, 1891.

IV. Supplies to be deemed naval and not bureau supplies.—Act June 30, 1890.

V. Contracts for the military or naval service, how controlled.—Sec. 3714, R. S., act February 27, 1877.

VI. Naval supplies to be furnished by contract.—Sec. 3718, R. S., act June 30, 1890.

VII. Purchases that may be made without advertising.—Sec. 3721, R. S.

VIII. Contracts to be in writing.—Sec. 3744, R. S.

IX. Oath to contract.—Sec. 3745, R. S.

X. Penalty for omitting returns.—Sec. 3746, R. S.

XI. Instructions.—Sec. 3747, R. S.

XII. Returns office.—Secs. 512, 513, 514, 515, R. S.

XIII. Original contract to be deposited with Auditor for Navy Department.—Act July 31, 1894.

B. *Regulations defining the forms of purchase.*

I. Forms of purchase defined: (a) By written contract; (b) by open contract; (c) by open purchase.—Art. 1309, N. R.

Section II.—MEDICAL SUPPLIES.

A. *Regulations specifying the control of medical supplies.*

I. Bureau of Medicine and Surgery (duties).—Art. 11, N. R.

II. Medical supplies.—Art. 1375, N. R.

III. Requisitions for medical supplies.—Art. 1312, par. (2), N. R.

IV. Supplies pertaining to medicine and surgery.—Art. 1324, N. R.

V. Inspection of medical supplies.—Art. 1336, N. R.

VI. Instruments and medical supplies to be selected.—Art. 1387, N. R.

Section III.—PUBLIC BILLS (VOUCHERS).

A. *Regulations relating to their preparation.*

I. Public bills to be prepared without delay.—Art. 1337, N. R.

II. Approval of public bills.—Art. 1338, N. R.

III. Preparation of vouchers.—Art. 1339, par. (1), N. R.

IV. Facts to be shown on vouchers for purchases.—Art 1339, pars. (2, a, b), N. R.

V. Statement of exigency on open-purchase vouchers.—Art. 1339, par. (3), N. R.

VI. Other requirements.—Art. 1339, pars. (4), (5, a, b, c), N. R.

VII. Certificate as to prices.—Art. 1339, pars. (5, d), (6), (7), N. R.

VIII. Vouchers to be made in quadruplicate.—Art. 1340, par. (1), N. R.

IX. Course of vouchers before payment.—Art. 1340, pars. (2), (3), N. R.

X. Balances can not be carried beyond end of fiscal year unless.—Art. 1343, pars (1), (2), (3), N. R.

Section IV.—MEDICINE AND SURGERY REQUISITIONS.

A. *Instructions relating to their preparation and disposition.*

I. All requisitions shall be prepared and submitted by medical officers to the Bureau of Medicine and Surgery in quadruplicate marked "quadruplicate *first*," "quadruplicate *second*," "quadruplicate *third*," and "quadruplicate *fourth*," and they shall be numbered in series by fiscal years.

II. The fourth copy of the requisition shall be filed in the Bureau of Medicine and Surgery, the third in the Bureau of Supplies and Accounts, the second in the Navy pay office where the purchase is made, and the first requisition attached to the first of the voucher shall be filed in the office of the Auditor for the Navy Department.

III. In order to insure accuracy in the preservation of data relating to requisitions and vouchers and to avoid the necessity of entering numerous items in the bill book, press copies of all requisitions and corresponding vouchers shall be filed in jackets marked with the serial numbers of the requisitions.

IV. In the preparation of requisitions the descriptions of articles or services shall be sufficiently clear to enable purchasing officers and bidders to understand readily what is required. Whenever it is impracticable to give the necessary information on the face of the requisitions, specifications describing the articles, or services required shall be attached to the second of requisition.

V. Should the medical officer making the requisition desire to submit a list of persons from whom the articles may be obtained, or by whom the services may be rendered, their names shall be entered on the face of the second of the requisition as a guide to the purchasing pay officer in inviting proposals. Explanatory notes that may be deemed necessary for the information of the Bureau of Medicine and Surgery, shall be made on the fourth of the requisition, and shall show (a) articles required to replace such as have been condemned by survey, with the date and the bureau file number of the survey; (b) additional articles required for the proper maintenance of the station and the purposes for which they are required. The estimated cost shall be entered opposite each item on all copies except the first of the requisition. If additional information is required by the purchasing officer and bidders, the requisition shall be accompanied by an explanatory letter.

VI. Requisitions shall not call for proprietary articles in any case where such a contingency can possibly be avoided. Where the requisition calls for proprietary articles they shall be indorsed: "These articles and no others will meet the requirements of the service."

VII. If it is not practicable to embrace in one voucher all of the articles bought under a requisition, on the additional vouchers to which the requisition is not attached, an entry shall be made stating the date and amount, with the dealer's name, of the voucher to which the requisition is attached.

VIII. The several items embraced on requisitions shall be numbered in the margin on the left of the requisition, and the items contained on the vouchers shall be similarly numbered, item for item, with the item numbers of the requisition.

IX. When requisitions are approved (with competition waived) the purchasing pay officer shall in all cases be advised by note on the second of the requisition, or otherwise, of the names of the parties from whom it is desired that the purchase shall be made. This action by the Bureau of Medicine and Surgery does not confer upon medical officers the authority to place the order.

X. Annual requisitions for miscellaneous expenses at naval hospitals shall be utilized for the purposes indicated by the wording of the requisition, when the care of the sick requires the delivery of articles or the performance of service under circumstances not admitting of sufficient delay to obtain the specific approval of the Bureau of Medicine and Surgery. Medical officers are authorized to submit requisitions of this character in order that the too frequent use of the special exigency

vouchers may be avoided. The estimated cost on such requisitions shall not be regarded as an expendable allowance, and the preparation of vouchers for articles bought under such requisitions may be submitted quarterly, or oftener if necessary.

B. *Classification of requisitions.*

(I) OPEN-CONTRACT, PERSONAL-SERVICE, AND OPEN-PURCHASE REQUISITIONS, ASHORE.

(a) *Medicine and Surgery requisition, Form 1.*—Personal-service requisition. This form of requisition is intended for use at hospitals and stations where personal service is required. It must not be used when material is to be supplied.

(b) *Medicine and Surgery requisition, Form 2.*—Requisition for repairs. Requisition, Form 2, shall be used at naval hospitals and naval medical supply depots, in repairs of buildings, roads, wharves, sidewalks, fences, gardens, farms, and cemeteries.

(c) *Medicine and Surgery requisition, Form 3.*—Open-purchase requisition. This requisition is for use at naval hopitals and stations for the purchase of all articles not on the allowance table, or for such supplies as can not properly be classed as "additional articles" under the head of medicines.

(d) *Medicine and Surgery requisition, Form 4.*—Special requisition for supplies exempt by law from advertisement. The purchase of medicines is exempt by law from advertisement. Medicines are interpreted by the Bureau as including dressings, instruments, special diet, etc. All other articles must be obtained by contract, unless the public exigency requires their immediate delivery. Such exigencies must be determined by the chief of the Bureau, who, if he deems it necessary, shall recommend their purchase on requisition, Form 3. Requisition, Form 4 can be used for all articles on the allowance table and for additional articles under the head of medicines.

(II) OPEN-CONTRACT AND OPEN-PURCHASE REQUISITIONS AFLOAT.

I. Open-purchase requisitions and open-contract requisitions are employed by medical officers in procuring medical supplies or services on board ships cruising on foreign stations. Paymasters' forms, Supplies and Accounts, are used for this purpose.

(III) NAVAL MEDICAL SUPPLY DEPOT REQUISITIONS, ASHORE AND AFLOAT.

I. Requisitions made upon the naval medical depots have no corresponding vouchers, but contain priced invoices which may be regarded as taking the place of vouchers.

II. The following requisitions are used whenever it becomes necessary to procure supplies from the naval medical supply depots:

(a) Form B.
(b) Form Ba, Special requisition.
(c) Form 4, Special requisition.

III. Instructions regarding the manner of preparing and fowarding requisitions, Form B, Form Ba, and Form 4, have been fully described in the chapter relating to lettered blank forms.

Section V.—MEDICINE AND SURGERY VOUCHERS.

A. *Instructions relating to their preparation and disposition.*

I. Vouchers for supplies pertaining to the Bureau of Medicine and Surgery shall be prepared in quadruplicate, marked "quadruplicate *first*," "quadruplicate *second*," "quadruplicate *third*," and "quadruplicate *fourth*," and shall bear the certificate of the receipt, inspection, and acceptance of the articles by the medical officer receiving the supplies. Where services have been rendered the medical officer making the

requisition for such work shall certify on the voucher as to satisfactory performance. The vouchers, with pay officer's certificate of purchase of articles or performance of service on the dealer's bill, shall be forwarded to the Bureau of Medicine and Surgery for transmission to the Paymaster-General for action prescribed for other public bills. The *first* of voucher shall be securely attached to and covered by the *first* of the requisition.

II. Neither dealers' bills nor *firsts* of requisitions shall be attached to Bureau contract vouchers and to Navy pay office contract vouchers.

III. Vouchers shall always be made when practicable in favor of the dealer from whom the supplies have been obtained, or of the person who has rendered the service. Whenever it is necessary that vouchers are made in the name of a person attached to the station, the bills of the dealer, properly receipted, shall be attached to the first of the vouchers, and the fact shall be so stated on the face of all copies of the vouchers.

IV. Contract vouchers will be prepared upon the forms supplied therefor by the Bureau, and in accordance with the terms of the contracts to which they pertain.

V. To avoid possible duplication of payment, charges for telegrams, expressage, long-distance telephone service, etc., shall be paid from point of departure.

B. *Classification of vouchers.*

(1) PUBLIC BILLS (VOUCHERS) ON SHORE.

(a) *Medicine and Surgery, Bill Form 1.*—Personal-service voucher.

(b) *Medicine and Surgery, Bill Form 2.*—Voucher for repairs.

(c) *Medicine and Surgery, Bill Form 3.*—Open-purchase voucher.

(d) *Medicine and Surgery, Bill Form 4.*—Voucher for supplies exempt by law from advertisement.

(e) *Medicine and Surgery, Bill Form 5.*—Special exigency voucher for services.

(f) *Medicine and Surgery, Bill Form 6.*—Special exigency voucher for supplies.

(g) *Medicine and Surgery, Bill Form 7.*—Contract voucher.

(h) *Medicine and Surgery, Bill Form 8.*—Pay office contract voucher.

(k) *Medicine and Surgery, Bill Form 9.*—Contract voucher.

(l) *Medicine and Surgery, Bill Form 10.*—Contract voucher.

(m) *Medicine and Surgery, Bill Form.*—Special voucher.

NOTE.—All vouchers under this class are sent through the Bureau of Medicine and Surgery for transmission to and action by the Bureau of Supplies and Accounts.

I. The following forms of vouchers have been approved by the Treasury Department for use in the Medical Department of the Navy:

(a) *Medicine and Surgery, Bill Form 1.*—Personal-service voucher. This voucher shall be used at hospitals and shore stations where personal service is required. Whenever it is impossible to obtain an approved requisition before the performance of the service a special exigency voucher (Bill, Form 5) shall be used.

(b) *Medicine and Surgery, Bill Form 2.*—Voucher for repairs. Bill, Form 2 shall be used at the naval medical supply depots and at all naval hospitals for repairs to buildings, grounds, and appendages, including roads, wharves, outhouses, sidewalks, fences, gardens, farms, and cemeteries, and for no other purposes.

(c) *Medicine and Surgery, Bill Form 3.*—Open-purchase voucher. This voucher shall be used at hospitals and stations when the articles embraced in it have been procured on an open-purchase requisition. It shall be used for articles obtained other than by contract or special exigency, but not for medicines or medical and surgical supplies, which are exempt by law from advertisement. Medicines are interpreted by the Bureau as including dressings, instruments, special diet, etc.

(d) *Medicine and Surgery, Bill Form 4.*—Open-purchase voucher for supplies exempt by law from advertisement. This voucher is only used for the purchase of articles classed as medicines, or medical and surgical supplies which are exempt by law from advertisement. Medicines are interpreted by the Bureau as including dressings, instruments, special diet, etc.

(e) *Medicine and Surgery, Bill Form 5.*—Special exigency voucher (service performed). This voucher is for use at hospitals and at shore stations in cases of sudden emergencies, such as broken water, steam, or gas pipes; falling walls or ceilings; broken heating or cooking apparatus, and in all cases where the work must be done immediately. The exigency clause on Bill Form 5 is certified to by the senior medical officer of the hospital or station, after which it is forwarded to the Surgeon-General of the Navy for approval and subsequently transmitted to the Bureau of Supplies and Accounts for action prescribed for other public bills.

(f) *Medicine and Surgery, Bill Form 6.*—Special exigency voucher (articles furnished). This voucher is for use at hospitals and shore stations when it becomes immediately necessary to purchase articles for the care and welfare of the sick. It shall never be used if time will allow for the procurement of the articles on an approved requisition. The exigency clause on Bill Form 6 is certified to by the senior medical officer of the hospital or station, after which it is forwarded to the Surgeon-General of the Navy for approval and subsequently transmitted to the Bureau of Supplies and Accounts for action prescribed for other public bills.

(g) *Medicine and Surgery, Bill Form 7.*—Contract voucher. This form of voucher is employed by the Bureau in payment for all articles purchased or work performed in accordance with a written contract.

(h) *Medicine and Surgery, Bill Form 8.*—Pay-office contract voucher. This form of voucher is employed by the Bureau in payment for all articles purchased or work performed under a navy pay-office contract, and shall be used in the purchase of articles or procurement of services whenever, in the opinion of the Bureau of Supplies and Accounts, such action is necessary. The voucher shall state the number of the requisition and the contract number and date. The "firsts" of requisitions shall not be attached to pay-office contract vouchers.

(k) *Medicine and Surgery, Bill Form 9.*—Contract voucher. This form of voucher pertains to written contracts for supplies furnished naval hospitals and shall be used in payment of all bills incurred on account of such contracts. The certificate of receipt and inspection of the articles delivered shall be signed by the medical officer in command of the hospital. No articles shall be included in a contract voucher except those specified in the contract. In the preparation of contract vouchers, and before being forwarded, medical officers shall compare the vouchers with a copy of the contract on file, in order to assure themselves that the articles, prices, and footings are correctly entered.

(l) *Medicine and Surgery, Bill Form 10.*—Contract voucher. This form of voucher pertains to written contracts for supplies furnished naval hospitals and shall be used in payment of all bills incurred for items embraced under such contracts. The instructions relating to Bill Form 9 shall be observed in the preparation of this voucher.

(m) *Medicine and Surgery, special voucher.*—This form of voucher is employed by the Bureau of Medicine and Surgery for reimbursement for medical expenses incurred by officers while on duty, as provided in article 1254, U. S. N. R., and by section 1586, U. S. Revised Statutes. To the "first" of the special voucher receipted bills shall be attached and upon the face of the voucher it must be shown the length of time the officer was under treatment and his hospital record (dates of admission and discharge), provided he received hospital treatment.

II. All vouchers except contract and special exigency vouchers shall be accompanied by dealers' bills for purchases made or services performed, certified to by the purchasing pay officer.

(II) PUBLIC BILLS (VOUCHERS) AFLOAT.

I. All purchases on board ship are made by the pay officer of the ship, approved by the captain and by the commander in chief. The selection of the articles is made by the medical officer.

II. Open contract vouchers for all supplies and services for the medical department on board ships on foreign stations are made out on forms furnished by the Bureau of Supplies and Accounts.

III. The pay officer of the ship furnishes the medical officer with copies of all vouchers relating to his department for the files of the medical department of the ship.

(III) NAVY MEDICAL SUPPLY DEPOT PRICED INVOICES, ASHORE AND AFLOAT.

I. There are no vouchers, properly speaking, accompanying naval medical supply depot requisitions.

II. The completion of all such requisitions is accomplished by entering the aggregate value (priced invoice) of all stores received on the back of the last sheet of the particular form used, and when they have been receipted for by the officer requiring for the stores and returned to the naval medical supply depots, they are considered for all practicable purpose in the light of vouchers.

III. The accomplishment of all naval medical supply depot requisitions and priced invoices is confined to—

(a) The medical officer submitting the requisition.

(b) The Bureau of Medicine and Surgery, where the requisition is approved, disapproved, or modified.

(c) The medical officer in charge of the naval medical supply depot, where the requisition is filled and delivered to the hospital, station, or ship from which submitted.

IV. Supplies obtained on naval medical supply depot requisitions and priced invoices are issued from the stock already purchased by the Bureau of Medicine and Surgery. The fulfillment of such requisitions therefore requires no action on the part of the Bureau of Supplies and Accounts.

CHAPTER XVII.

Section I. MEDICAL INVOICES AND RECEIPTS—PROPERTY ACCOUNTABILITY—TRANSFER OF STORES.

A. *Regulations relating to invoices and receipts of medical stores, supplies, and transfer of stores.*

I. Invoices and receipts.—Art. 722, pars. (1), (2), (3), (4), (5), (6), (7) N. R.
II. Transfer of stores.—Art. 731, pars. (1), (2) N. R.
III. Medical supplies.—Art. 1272 N. R.

B. *Instructions relating to invoices and receipts of medical stores, supplies, and transfer of stores.*

I. Medical officers are required to make themselves familiar with the instructions contained in the United States Navy Regulations relating to medical invoices and receipts, property accountability, and transfer of stores.

II. The medical officer shall be furnished with triplicate invoices of all articles embraced in his medical outfit as soon as the ship to which he has been assigned has been placed in commission. The invoices shall be signed by the medical officer in charge of the naval medical supply depots.

III. Upon the delivery of the medical stores the medical officer shall receipt for them, but not until he has satisfied himself that they correspond in character and amount to the specifications of the invoices. The receipted invoices shall be approved by the captain, after which the medical officer shall forward the first to the medical officer of the naval medical supply depot, the second to the Bureau of Medicine and Surgery, and the third shall be retained for the files of the medical department of the ship.

IV. When medical stores have been transferred from the naval medical supply depot to a ship after the receipt and proper disposition of the regular outfit, they shall be invoiced and receipted for in like manner.

V. When medical supplies are transferred from a storeship, storehouse, or depot to a ship, the invoices and receipts shall be made in triplicate. They shall be approved by the senior officer and disposed of in the same manner as at a navy-yard.

VI. In transferring medical stores from one ship in commission to another, the invoices and receipts shall be prepared in triplicate, and approved by the senior officer. Medical officers transferring and receiving medical stores shall sign the three copies; the first shall be retained by the medical officer receiving the stores, the second shall be forwarded to the Bureau of Medicine and Surgery, and the third shall be kept by the medical officer transferring the stores.

VII. Should the senior medical officer discover any discrepancy, error, or omission in the invoices of stores, such fact shall be reported by him to the commanding officer, who shall cause the necessary corrections to be made in the invoices before they are receipted.

VIII. The invoices of medical stores shall be placed on the files of the medical department of the ship, and when the ship is placed out of commission they shall be transferred to the medical officer of the navy-yard with the medical outfit and the inventory.

IX. In all cases where stores or medical supplies are transferred from the care of one medical officer to another, triplicate receipts must be passed.

X. The instructions contained in the United States Navy Regulations require that whenever a medical officer is relieved from duty he shall transfer to his successor all public property under his charge.

C. *Instructions relating to accountability for property expended.*

I. Medical officers are required by the regulations to keep an accurate account of the expenditure of all public property under the control of the medical department of the Navy.

II. Medical officers will forward to the Bureau of Medicine and Surgery, with the return of property (Form D), a concise account of the authority and reasons for expenditure and disposition of all property expended, other than medicines, hospital stores, surgical appliances, and stationery.

III. They will not be released from responsibility for the value of any surgical instruments or furniture unless the expenditure shall have been authorized by the Bureau or a board of survey.

IV. The property return from ships in squadron shall be forwarded through the surgeon of the fleet, who will ascertain whether or not expenditures were made with due regard to efficiency and economy, and will report to the Bureau any instances of wastefulness or unauthorized expenditure.

V. Issues of medicines or medical stores to persons other than those in the Navy shall be noted in a prescription book kept for the purpose.

Section II.—OUTFITS AND SUPPLIES FURNISHED FROM THE NAVAL MEDICAL SUPPLY DEPOTS.

A. *Regulations relating to the manner of making requisitions.*

I. Requisitions: (1) For hospitals; (2) for ships in commission; (3) for receiving ships, yards, and stations.—Art. 723, paragraphs (1) (2), N. R.

II. Ships on detached service.—Art. 723, par. (3), N. R.

III. Special requisitions.—Art. 723, par. (4), N. R.

IV. Medical stores and supplies.—Art. 724, par. (1), N. R.

V. Not to be purchased unless.—Art. 724, par. (2), N. R.

VI. Stores from other departments.—Art. 724, par. (3), N. R.

VII. Requisitions for medical supplies.—Art. 1375, N. R.

VIII. Instruments and medical supplies to be selected.—Art. 1387, N. R.

B. *Instructions relating to the manner of making requisitions.*

I. Requisitions for stores and supplies that may be required in the medical department of the Navy shall be made by the senior medical officer, on the prescribed forms, for the ensuing six months as follows:

(a) For hospitals—on the 1st of March and September;

(b) For ships in commission—on the 1st of April and October;

(c) For receiving ships, yards, and stations—on the 1st of May and November.

II. The quantities of medicines required for shall correspond in amount to the packages designated in the supply table, and the column "on hand" shall always be entered opposite the articles required.

III. A medical officer serving in a ship not attached to a squadron, and outside the United States, shall make semiannual requisitions for medical stores on the pay officer of the ship.

IV. Indispensable articles not embraced in the supply table that may be needed before the time for the semiannual requisitions may be requisitioned for whenever such supplies are deemed necessary. Special requisition (Form 4) shall be employed for this purpose.

V. The allowances in the supply table are intended as the basis of supplies for a ship when fitting out for a cruise. Needful additions may subsequently be made from time to time by requisitions, but it is not necessary or expected that these additions shall bring the amount of supplies on hand fully up to that given in the supply table.

VI. Requisitions for stores and supplies shall be made by the senior medical officer to cover ordinary expenditures; but if it can be avoided such supplies shall not be procured by purchase.

VII. When any of the stores and supplies on board ship in charge of other officers are deemed necessary for the treatment of the sick, they may be obtained by the senior medical officer upon requisitions duly approved by the commanding officer. A receipt for them shall be given.

VIII. Requisitions for medical supplies from ships in commission at navy-yards shall be made upon the Bureau of Medicine and Surgery, unless to supply some article for which there is immediate demand, in which case the purchase shall be made by the pay officer of the ship upon a requisition approved by the commandant.

C. *Instructions relating to the supply table.*

I. The supply table of the Medical Department of the Navy is intended as a basis for all requisitions from hospitals and shore stations and from ships of the Navy.

II. Medical outfits for ships in commission shall be furnished from the naval medical-supply depots. The senior medical officer on duty at a navy-yard shall have charge of all medicines, medical supplies, instruments, and other articles provided by the Bureau of Medicine and Surgery for use in the yard, for ships fitting out, or received from ships arriving.

III. Medical outfits and supplies for ships in commission on the Pacific coast shall be furnished from the naval medical-supply depot, Mare Island, Cal. Medical outfits and supplies for ships on the China Station and in waters of the Philippine Islands shall be furnished whenever practicable from the naval medical-supply depot, Cavite, P. I.

IV. A supplementary list of articles (not included in the supply table) in store at the United States naval medical-supply depots, Brooklyn, N. Y., Mare Island, Cal., and Cavite, P. I., will be furnished upon requisition to all hospitals, stations, and ships.

V. In making requisition for supplies from this list medical officers will use special requisition Form Ba.

VI. Medical officers attached to ships fitting out for foreign stations or extended cruises shall submit their requisitions in ample time to have them filled before leaving a navy-yard.

D. *Instructions relating to vaccine virus and antitoxins.*

I. All vaccine virus and antitoxins that may be required for the naval service are furnished by the Bureau of Medicine and Surgery upon request from medical officers.

II. Annual requisitions for the purchase of such articles are made by the Bureau of Medicine and Surgery at the beginning of each fiscal year. The dealers furnishing such articles are paid upon quarterly vouchers prepared in the Bureau of Medicine and Surgery.

III. Duplicate receipts are forwarded by the Bureau to all medical officers furnished with vaccine virus and antitoxins. They shall be signed by the medical officer receiving the articles. The original shall be returned to the Bureau for its files and the duplicate copy shall be filed among the records of the medical department of the ship or station.

E. *Classification of articles embraced on the supply table.*

(I) MEDICINES.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Acacia (granulat.), 200-gm. bottles ....bots..	3	4	6	7	8	9
Acetanilidum pulv., 100-gm. bottles....bots..	.....	1	2	3	4	4
Acidum aceticum, 200-c. c. bottles....bots..	.....	1	1	2	2	2
Acidum boricum pulv., 500-gm. bottles....bots..	.....	3	6	6	6	6
Acidum carbolicum, 200-gm. g. s. dark-amber bottles....bots..	1	2	4	7	8	9
Acidum chromicum, 30-gm. g. s. bottle ....bot..	.....	1	1	1	1	1
Acidum citricum, 200-gm. bottles....bots..	.....	1	1	1	2	2
Acidum hydrochloricum, c. p., 100-c. c. g. s. dark-amber bottles....bots..	.....	1	2	2	2	2
Acidum hydrocyan. dil., 25-c. c. dark-amber bottles....bots..	.....	2	2	3	4	4
Acidum nitricum, c. p., 100-c. c. g. s. dark-amber bottles....bots..	1	2	3	4	5	6
Acidum oxalicum, 500-gm. bottles ....bots..	.....	1	2	2	3	3
Acidum picricum pulv., 100 gm. bottles....bots..	1	2	3	4	5	5
Acidum salicylicum, crystals, 100-gm. bottles .bots..	1	2	3	4	5	5
Acidum sulphuricum, 100-c. c. g. s. bottles....bots..	.....	1	2	2	2	2
Acidum sulph. arom., 100-c. c. g. s. bottles ....bots..	1	1	2	3	3	3
Acidum tannicum, 50-gm. bottles ....bots..	1	2	3	4	4	5
Acidum tartaricum pulv., 200-gm. bottles.....bots..	1	3	6	8	9	10
Aconiti tinctura, 25-c. c. bottles ....bots..	.....	1	2	2	3	3
Adeps benzoinatus, 500-gm. tins ....tins..	1	1	3	3	6	6
Adrenalin chloridum, solution of 1 to 1,000, 30-c. c. dark-amber bottles....bots..	1	1	2	2	3	3
Æther, 125-gm. tins....tins..	6	20	30	40	50	55
Ætheris spirit. comp., 100-c. c. g. s. bottles ....bots..	1	2	4	4	4	5
Ætheris spirit. nitros, 200-c. c. g. s. dark-amber bottles....bots..	1	4	5	6	7	8
Æthyl chloridum, 60-gm. tubes....tubes..	1	6	12	12	15	15
Alcohol, 500-c. c. bottles....bots..	3	10	24	30	35	40
Alumen, 200-gm. bottles....bots..	1	1	2	2	3	3
Ammoniæ aqua fortior, 200-c. c. g. s. bottles....bots..	1	4	6	8	10	10
Ammoniæ spirit. arom., 100-c. c. g. s. bottles....bots..	1	4	6	8	10	12
Ammonii carbonas, 100-gm. g. s. dark amber bottles, bottles....bots..	.....	3	4	5	6	6
Ammonii chloridum (granulat.), 200-gm. bottles, bottles....bots..	1	2	3	4	5	6
Amyl nitris, 5-drop pearls, 12 in box....boxes..	1	2	2	2	2	2
Antipyrinum, crystal., 1-oz. tins....tins..	1	3	5	6	6	7
Antitoxin, diphtheria [a]	.....	.....	.....	.....	.....	.....
Argenti nitras, 25-gm. dark amber bottles.....bots..	1	2	3	3	4	5
Argenti nitras fusus, 25-gm. dark amber bottles, bottles....bots..	1	1	1	2	3	3
Aristol, 1-oz. cartons....cartons..	1	1	3	3	4	5
Arsen. et hydrarg. iodid. liq., 50-c. c. g. s. dark amber bottles....bots..	.....	1	1	2	3	3
Aspidii oleoresina, 25-c. c. bottle....bot..	.....	1	1	1	1	1
Atropinæ sulph., 5-gm. bottle....bot..	.....	1	1	1	1	1
Balsamum Peruvianum, 100-gm. bottles ....bots..	.....	1	1	1	2	2
Belladonnæ emplastrum, 24 in box ....boxes..	1	1	2	2	3	3
Belladonnæ fol. ext. alc., 25-gm. jar....jar..	.....	1	1	1	1	1
Benzoin, tinct. comp., 200-c. c. bottles....bots..	1	1	1	2	3	3
Bismuthi subgallas, 50 gm. bottles....bots..	.....	1	2	2	3	3
Bismuthi subnitras, 50 gm. bottles....bots..	1	4	8	9	10	12

[a] May be obtained from the Bureau of Medicine and Surgery upon application by letter or telegram.

E. *Classification of articles embraced on the supply table*—Continued.

I MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Buchu ext. fluid., 200-c. c. bottles ..... bots..	.....	1	2	3	3	3
Caffeinæ citrata, 30-gm. bottles ..... bots..	.....	1	1	2	2	3
Calcii phosphas præcip., 100-gm. bottles ..... bots..	.....	1	1	2	3	3
Calx sulphurata (c. p. ¼-gr. pills, 100 in bottle .. bot..	1	1	1	1	1	1
Camphora, 100-gm. bottles ..... bots..	1	2	4	4	6	6
Cantharidis tinctura, 50-c. c. bottle ..... bot..	.....	1	1	1	1	1
Capsici emplastrum 24 in box ..... boxes..	1	1	2	2	2	3
Capsici ext. fluid., 100-c. c. bottles ..... bots..	1	1	2	2	3	3
Cardamom. tinct. comp., 200-c. c. bottles ..... bots..	.....	1	2	3	4	4
Caryophilli oleum, 25-c. c. dark-amber bottles .. bots..	1	1	2	2	2	3
Chloral, 50-gm. g. s. dark-amber bottles. .... bots..	.....	2	3	4	5	5
Chloroformum, 200-c. c. dark-amber bottles .... bots..	3	12	18	20	24	24
Cinchonæ tinct. comp., 500-c. c. bottles. .... bots...	1	2	4	4	5	5
Cocainæ hydrochlor., 5-gm. vials ..... vials..	.....	2	3	4	5	5
Codeina, 5-gm. vials ..... vials..	.....	1	2	2	3	3
Collodium cantharidatum, 50-c. c. bottles ..... bots..	1	2	2	2	2	2
Collodium flexile, 25-c. c. bottles ..... bots..	2	4	8	10	12	14
Copaiba, 200-c. c. bottles ..... bots..	1	4	6	8	10	10
Creosotal, 60-c. c. bottles ..... bots..	1	1	2	3	4	4
Creosotum (Fagus sylv.), 50-gm. bottles ..... bots..	.....	1	1	1	2	2
Creta preparata, 200-gm. bottles ..... bots..	1	1	2	2	2	3
Cubebæ oleoresina 25-gm bottles. ..... bots..	.....	1	2	3	4	4
Cupri sulphas, 50-gm. bottle ..... bot..	.....	1	1	1	1	1
Digitalis tinctura, 50-c. c. bottles ..... bots..	.....	1	2	3	4	4
Ergotæ ext. fluid., 100-c. c. bottles. ..... bots..	.....	1	2	2	2	2
Eucainæ hydrochloras Beta 5-gm. vials .... vials..	.....	1	2	3	4	5
Eucalyptol., 25-c. c. g. s. dark-amber bottles bots..	.....	2	2	2	2	3
Ferri chlor. tinct., 200 c. c. g. s. dark-amber bottles, bots	1	4	5	6	6	7
Ferri et quin. citras, 50-gm. dark-amber bottles. bots..	.....	1	1	2	2	3
Ferri pyrophosphas sol., 50-gm. dark-amber bottle, bot	.....	1	1	1	1	1
Gaultheriæ oleum (natural), 25-c. c. bottles .... bots..	.....	2	3	4	5	6
Gentianæ tinctura comp., 500-c. c. bottles ..... bots..	1	2	3	4	5	6
Glycerinum, 500-c. c. bottles ..... bots..	1	3	4	5	10	12
Glycyrrhizæ ext. pulv 200-gm. bottles ..... bots..	2	7	8	10	15	15
Glycyrrhizæ pulv comp., 100-gm. bottles ..... bots..	.....	1	2	2	3	3
Gossypii sem. oleum, 500-c. c. bottles ..... bots..	2	8	12	16	18	20
Guaiaci tinct. ammon., 200-c. c. bottles ..... bots..	.....	1	2	2	3	4
Hamamelidis ext. fluid. (destil.), 500-c. c. bottles, bots	1	1	2	2	3	4
Hydrarg. chlor. corros., 200-gm. bottles ..... bots..	1	5	6	7	8	9
Hydrarg. chlor. mit., 50-gm. dark-amber bottles, bots	1	2	3	4	5	6
Hydrarg. iodid. flav pil gr ¼, 500 in bottle) .. bots..	1	3	4	6	6	7
Hydrarg. nitrat. unguent. 50-gm jars ..... jars..	.....	1	1	2	2	2
Hydrarg. oleatum (20 per cent) 00-gm. bottles. bots..	.....	1	2	2	3	3
Hydrarg. oxid. flavum, 25-gm. dark-amber bottle, bot	.....	1	1	1	1	1
Hydrarg. unguent., 100-gm. jars ..... jars..	1	6	10	12	14	16
Hydrogen dioxid., permanent solution, in 200-c. c. bottles ..... bots..	1	2	3	4	6	6
Hyoscyami ext., 50-gm. jars ..... jars..	.....	2	3	4	4	5
Ichthyol (sulpho-ammon.), original 1-oz. bottles, bots	.....	1	2	3	4	5

E. *Classification of articles embraced on the supply table*—Continued.

(I) MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Iodoformum, 100-gm. dark-amber bottles.....bots..	2	4	6	8	8	8
Iodum, 25-gm. bottles.....bots..	1	2	3	4	5	6
Ipecac. et opii pulv., 100-gm. bottles .....bots..	.....	1	2	3	4	5
Ipecac. ext. fluid., 50-c. c. bottles.....bots..	1	2	3	4	4	5
Ipecac. pulv., 100-gm. bottles.....bots..	1	1	1	2	2	3
Linum, 2-kg. tin .....tin..	.....	1	1	1	1	1
Lithii citras, 25-gm. bottles.....bots..	.....	2	4	4	4	4
Magnesia, 100-gm. bottles.....bots..	.....	2	2	3	3	4
Magnesii sulphas, 2-kg. tins.....tins..	1	2	4	6	8	10
Menthæ piper. oleum, 25-c. c. bottles.....bots..	1	1	2	3	3	4
Menthol, 25-gm. g. s. bottles.....bots..	.....	1	1	2	2	3
Morphinæ sulphas, 5 gm. bottles .....bots..	1	2	3	3	4	4
Morrhuæ oleum, 500-c. c. bottles .....bots..	2	8	14	18	18	18
Myrrhæ tinctura, 200-c. c. bottles.....bots..	.....	1	1	2	2	2
Nucis vom. ext. fluid., 100-c. c. bottles .....bots..	.....	1	1	2	2	3
Opii pulv., 50-gm. bottles.....bots..	1	1	2	2	3	3
Opii tinctura, 500-c. c. bottles.....bots..	1	2	3	4	5	6
Opii tinctura camphor., 500-c. c. bottles .....bots..	2	6	8	8	10	12
Pepsinum, 25-gm. bottles.....bots..	1	2	3	4	5	6
Petrolatum liquidum, 500-c. c. bottles .....bots..	1	2	2	3	3	4
Petrolatum spissum, 500-gm. tins .....tins..	2	5	8	10	12	14
Phenacetinum, 1-oz. cartons .....cartons..	1	2	4	5	6	7
Plumbi acetas (granulat.), 200-gm. bottles.....bots..	1	2	3	3	4	5
Potassa, 50-gm. bottles.....bots..	.....	1	2	3	3	4
Potass. acetas, 200-gm. bottles .....bots..	.....	1	2	2	3	3
Potass. arsenit. liq., 100-c. c. bottles .....bots..	.....	1	2	2	3	3
Potass. bicarbonas, 200-gm. bottles.....bots..	.....	2	2	3	3	3
Potass. bitartras, 200-gm bottles.....bots..	1	1	2	2	2	2
Potass. bromidum (crystals), 200-gm. bottles..bots..	1	3	4	6	8	8
Potass. chloras (crystals), 200-gm. bottles.....bots..	1	3	4	4	6	8
Potass. et sodii tartras, 500-gm. bottles.....bots..	1	2	4	6	8	10
Potass. iodidum (granulat.), 200-gm. bottles...bots..	2	8	12	15	20	24
Potass. permanganas, 100-gm. g. s. dark-amber bottles.....bots..	1	2	4	5	6	7
Protargol, 30-gm. dark-amber g. s. bottles.....bots..	1	1	2	2	3	3
Quininæ sulph., 1-oz. bottles.....bots..	2	6	10	16	18	20
Ricini oleum, 500-c. c. bottles.....bots..	2	12	24	36	40	45
Salol pulvis, 4-oz. bottles .....bots..	1	2	3	4	5	6
Santali oleum, 200-c. c. bottles.....bots..	1	2	3	3	4	6
Sapo, 500-gm. papers .....papers..	1	4	6	8	10	12
Sapo viridis, 2,000-gm. jars .....jars..	1	2	3	3	4	5
Saponis linimentum, 500-c. c. bottles.....bots..	2	6	8	10	12	14
Sinapis emplast., cloth, 10 in box.....boxes..	1	6	8	12	14	16
Sinapis pulvis, 1-kg. tins.....tins..	1	1	2	2	3	3
Sodii bicarbonas, 500-gm. bottles .....bots..	1	2	4	4	6	6
Sodii boras, 500-gm. bottles .....bots..	1	2	4	4	6	6
Sodii bromidum (crystals), 200-gm. bottles....bots..	1	1	1	2	3	3
Sodii carbonas, exsiccatus (for surgical use), 500-gm. bottles.....bots..	1	1	2	2	3	4
Sodii hyposulphis (crystals), 200-gm. bottles ..bots..	.....	1	1	2	2	2
Sodii phosphas (granulat.), 200-gm. bottles....bots..	1	2	2	3	3	4
Sodii salicylas, 100-gm. dark-amber bottles....bots..	2	3	3	5	5	6
Strophanthi tinctura, 25-c. c. bottles .....bots..	.....	1	1	2	2	2
Sulphonal, 1-oz. cartons.....cartons..	1	1	2	2	3	3

E. *Classification of articles embraced on the supply table*—Continued.

(I) MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Sulphur lotum, 500-gm. bottles....bots..	1	1	1	2	2	3
Terebinum, 100-c. c. bottles....bots..	1	1	1	1	2	2
Terebinth. oleum, 500-c. c. bottles....bots..	1	4	4	6	6	8
Theobrom. oleum, 50-gm. bottles....bots..	.....	2	3	4	5	5
Thymol, 25-gm. bottles....bots..	.....	1	1	1	2	2
Tiglii oleum, 25-c. c. bottle....bot..	1	1	1	1	1	1
Trional, 1-oz. cartons....cartons..	1	1	2	2	3	3
Urotropin, 30-gm. dark-amber bottles....bots..	.....	1	2	2	3	3
Valerian. ext. fluid., 200-c. c. bottle....bot..	.....	1	1	1	1	1
Virus vaccinum[a]....	.....	.....	.....	.....	.....	.....
Zinci oxidum, 500-gm. bottles....bots..	1	2	4	4	5	6
Zinci sulphas, 50-gm. bottles....bots..	1	2	2	3	3	3
Zinci sulphocarbolas, 50-gm. bottles....bots..	1	1	2	3	4	4
Zingiberis ext. fluid., 200-c. c. bottles....bots..	1	2	3	4	4	4
DISINFECTANTS.						
Acidum carbolicum crudum, 90 per cent, 500-c. c. bottles....bots..	2	8	12	16	18	20
Calx chlorata, 500-gm. dark-amber bottles....bots..	2	10	20	30	35	40
Ferri sulphas (commercial), 5-kg. boxes....boxes..	2	6	8	10	12	12
Formaldehyde solution 40 per cent, 500-c. c. bottles....bots..	2	4	6	8	10	10
Formalin pastils, ½-kg. tins....tins..	1	1	1	1	2	2
Sulphur (roll)....kg..	2	6	12	12	15	15
TABLET TRITURATES.						
Acetanilidum, 2½ grs., 100 in bottle....bots..	1	1	1	1	2	2
Acidum boricum, 5 grs., 1,000 in bottle....bot..	½	½	1	1	1	1
Acid. salicylic., 5 grs., 100 in bottle....bots..	.....	1	2	2	2	2
Acid. tannicum, 5 grs., 500 in bottle....bot..	½	1	1	1	1	1
Aconiti tinct. rad., 1 minim., 100 in bottle....bots..	1	1	1	1	2	2
Alkalin. et antisept. (Seiler's), 100 in bottle...bots..	1	2	3	3	5	5
Aloin $\frac{1}{10}$ gr., ext. bellad. $\frac{1}{10}$ gr., podophyl. $\frac{1}{10}$ gr., ext. nuc. vom. $\frac{1}{10}$ gr., 500 in bottle....bots..	1	1	1	1	2	2
Alumen, 5 grs., 500 in bottle....bots..	1	1	1	2	2	2
Ammonii chloridum, 5 grs., 100 in bottle....bots..	1	1	2	2	3	3
Ammonii chlor. ¼ gr., cubeb. ⅛ gr., glycyrrh. ext. $\frac{1}{10}$ gr., 500 in bottle....bots..	1	1	2	3	4	4
Antiperiodica tinctura (Warburg), dr. 1, 500 in bottle....bots..	1	1	2	2	2	2
Antipyrinum, 5 grs., 100 in bottle....bots..	1	1	1	2	2	2
Antisept. (Wilson) hydrarg. chlor. cor. 7.7 grs., ammon. chlor. 7.3 grs., 100 in bottle....bots..	1	2	3	4	6	6
Bismuthi. subnit., 5 grs., 500 in bottle....bots..	⅛	1	1	2	2	2
Caffeinae citrata., 1 gr., 500 in bottle....bot..	1	1	1	1	1	1
Camphor. ¼ gr., quin. sulph. ⅛ gr., morph. sulph. $\frac{1}{64}$ gr., atropin. sulph. $\frac{1}{2000}$ gr., 100 in bottle..bots..	4	6	8	10	12	14
Capsici $\frac{1}{10}$ gr., ext. nuc. vom. ¼ gr., 500 in bottle..bot..	1	1	1	1	1	1
Cathartic. vegetabil. pil. (U. S. P.), 100 in bottle....bots..	1	3	4	5	6	7
Colchici ext. fluid., 1 gr., 500 in bottle....bot..	.....	1	1	1	1	1
Digitalis tinctura, 5 minims, 500 in bottle....bot..	1	1	1	1	1	1
Elaterinum, $\frac{1}{10}$ gr., 500 in bottle....bot..	.....	1	1	1	1	1
Ergotin, 2 grs., 100 in bottle....bot..	1	1	1	1	1	1
Ferri ⅛ gr., quin. sulph. ⅛ gr., acid. ars. $\frac{1}{100}$ gr., strych. $\frac{1}{120}$ gr., 500 in bottle....bots..	1	1	2	2	2	2

[a] May be obtained from the Bureau of Medicine and Surgery upon application by letter or telegram.

E. *Classification of articles embraced on the supply table*—Continued.

(I) MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Ferri chlor. $\frac{1}{6}$ gr., arsen. chlor. $\frac{1}{64}$ gr., quin. mur. 1 gr., hydg. chlor. corros. $\frac{1}{48}$ gr., 100 in bottle, bots..	1	1	2	3	4	4
Glonoinum, $\frac{1}{60}$ gr., 500 in bottle .....bot..	1	1	1	1	1	1
Glycyrrh. mist. comp., 1 dr., 500 in bottle .....bots..	1	2	3	4	5	5
Hydrarg. chlor. mit., $\frac{1}{10}$ gr., 500 in bottle.....bots..	1	1	1	1	2	2
Hydrarg. chlor. mit., 1 gr., 500 in bottle.....bots..	1	1	1	1	2	2
Hg. chlor. mit. $\frac{1}{6}$ gr., ipecac. $\frac{1}{10}$ gr., sodii bicarb. 1 gr., 500 in bottle .....bots..	1	1	2	2	3	3
Ipecac et opii pulv. comp., 5 grs., 100 in bottle..bots..	1	1	1	2	2	2
Morphinæ sulph., $\frac{1}{4}$ gr., 500 in bottle .....bot..	1	1	1	1	1	1
Nucis vom. ext., $\frac{1}{2}$ gr., 100 in bottle.....bots..	1	2	2	3	4	5
Opii pulvis, $\frac{1}{2}$ gr., 100 in bottle.....bot..	1	1	1	1	1	1
Opii 1 gr., camphoræ 2 grs., 100 in bottle .....bots..	1	1	1	2	2	2
Opium $\frac{1}{2}$ gr.. plumbi acetas $1\frac{1}{2}$ grs., 100 in bottle .....bots..	1	2	3	3	4	4
Peptonizing tablets, 24 in bottle.....bots..	1	2	2	2	3	3
Phenacetinum, 5 grs., 100 in bottle.....bots..	1	1	1	2	2	2
Podophylli resin., $\frac{1}{10}$ gr., 500 in bottle.....bot..	.....	1	1	1	1	1
Potassi bromidum, 10 grs., 500 in bottle.....bots..	1	1	2	2	3	3
Potass. chlor. $2\frac{1}{2}$ grs., sodii boras $2\frac{1}{2}$ grs., 100 in bottle .....bots..	1	1	2	2	3	3
Potass. chloras, 5 grs., 100 in bottle.....bots..	1	1	2	3	5	5
Potassii iodidum, 5 grs., 500 in bottle.....bots..	1	1	1	1	2	2
Quininæ sulph. (0.1), 100 in bottle.....bots..	1	6	9	10	12	14
Quininæ sulph. (0.2), 100 in bottle.....bots..	1	6	9	10	12	14
Quin. sulph. $\frac{1}{2}$ gr., acid. arsen. $\frac{1}{40}$ gr., strych. sulph. $\frac{1}{30}$ gr., 500 in bottle .....bots..	1	1	1	1	2	2
Rhamni purshianæ ext., 4 grs., 100 in bottle..bots..	1	2	4	6	8	8
Saline transfusion (sodii carb. 3 grs., sodii chlor. 18 grs.), 100 in bottle .....bots..	1	2	4	6	8	8
Salol, 5 grs., 100 in bottle .....bots..	1	1	1	2	2	2
Santoninum, $\frac{1}{2}$ gr., 500 in bottle .....bot..	.....	1	1	1	1	1
Sodii bicarb., 5 grs., 500 in bottle .....bots..	1	1	1	2	2	2
Sodii bicarb. 4 grs., ammonii carb. $\frac{1}{4}$ gr., ol. menth. pip. $\frac{1}{8}$ gr., 100 in bottle.....bots..	1	3	4	4	5	5
Sodii salicylas, 5 grs., 500 in bottle .....bots..	$\frac{1}{2}$	1	1	2	2	2
Strychninæ sulph., $\frac{1}{30}$ gr., 500 in bottle .....bot..	1	1	1	1	1	1
Sulphur lot. 5 grs., potas. bitart. 1 gr., 100 in bottle .....bots..	1	1	2	2	2	2
Terpin hydras, 3 grs., 100 in bottle .....bots..	1	1	1	2	2	2
Trional, 5 grs., 100 in bottle.....bots..	1	1	1	2	2	2
Veratri virid. tinct., 1 gr., 500 in bottle.....bot..	.....	1	1	1	1	1
Zinci phos. $\frac{1}{10}$ gr., strych. sulph. $\frac{1}{60}$ gr., ext. cann. ind. $\frac{1}{2}$ gr., sodii arsen. $\frac{1}{20}$ gr., aconitin. $\frac{1}{100}$ gr., 500 in bottle.....bot..	1	1	1	1	1	1
Zinci sulphas, 5 grs., 500 in bottle .....bot..	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	1	1	1
HYPODERMIC TABLETS (20 IN A TUBE).						
Apomorphinæ hydrochlor. ($\frac{1}{20}$ gr.).....tube..	.....	1	1	1	1	1
Atropinæ sulph. ($\frac{1}{100}$ gr.).....tubes..	.....	2	3	4	4	5
Caffeina ($\frac{1}{4}$ gr.).....tubes..	.....	2	3	3	3	3
Cocainæ hydrochlor. ($\frac{1}{4}$ gr.).....tubes..	.....	2	2	2	3	3
Digitalin ($\frac{1}{100}$ gr.) .....tubes..	1	1	1	1	2	2
Glonoinum ($\frac{1}{150}$ gr.).....tubes..	1	1	1	2	2	3
Hyoscin. hydrobrom. ($\frac{1}{200}$ gr.) .....tubes..	.....	1	2	2	2	2
Morphinæ sulph. ($\frac{1}{4}$ gr.).....tubes..	.....	2	2	3	4	4

E. *Classification of articles embraced on the supply table*—Continued.

(I) MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Buchu ext. fluid., 200-c. c. bottles ..... bots..	.....	1	2	3	3	3
Caffeinæ citrata, 30-gm. bottles ..... bots..	.....	1	1	2	2	3
Calcii phosphas præcip., 100-gm. bottles ..... bots..	.....	1	1	2	3	3
Calx sulphurata (c. p.) ½-gr. pills, 100 in bottle .. bot..	1	1	1	1	1	1
Camphora, 100-gm. bottles ..... bots..	1	2	4	4	6	6
Cantharidis tinctura, 50-c. c. bottle ..... bot..	.....	1	1	1	1	1
Capsici emplastrum, 24 in box ..... boxes..	1	1	2	2	2	3
Capsici ext. fluid., 100-c. c. bottles ..... bots..	1	1	2	2	3	3
Cardamom. tinct. comp., 200-c. c. bottles ..... bots..	.....	1	2	3	4	4
Caryophilli oleum, 25-c. c. dark-amber bottles .. bots..	1	1	2	2	2	3
Chloral, 50-gm. g. s. dark-amber bottles ..... bots..	.....	2	3	4	5	5
Chloroformum, 200-c. c. dark-amber bottles .... bots..	3	12	18	20	24	24
Cinchonæ tinct. comp., 500-c. c. bottles ..... bots...	1	2	4	4	5	5
Cocainæ hydrochlor., 5-gm. vials ..... vials..	.....	2	3	4	5	5
Codeina, 5-gm. vials ..... vials..	.....	1	2	2	3	3
Collodium cantharidatum, 50-c. c. bottles ..... bots..	1	2	2	2	2	2
Collodium flexile, 25-c. c. bottles ..... bots..	2	4	8	10	12	14
Copaiba, 200-c. c. bottles ..... bots..	1	4	6	8	10	10
Creosotal, 60-c. c. bottles ..... bots..	1	1	2	3	4	4
Creosotum (Fagus sylv.), 50-gm. bottles ..... bots..	.....	1	1	1	2	2
Creta preparata, 200-gm. bottles ..... bots..	1	1	2	2	2	3
Cubebæ oleoresina, 25-gm. bottles ..... bots..	.....	1	2	3	4	4
Cupri sulphas, 50-gm. bottle ..... bot..	.....	1	1	1	1	1
Digitalis tinctura, 50-c. c. bottles ..... bots..	.....	1	2	3	4	4
Ergotæ ext. fluid., 100-c. c. bottles ..... bots..	.....	1	2	2	2	2
Eucainæ hydrochloras (Beta), 5-gm. vials .... vials..	.....	1	2	3	4	5
Eucalyptol., 25-c. c. g. s. dark-amber bottles .. bots..	.....	2	2	2	2	3
Ferri chlor. tinct., 200 c. c. g. s. dark-amber bottles, bots	1	4	5	6	6	7
Ferri et quin. citras, 50-gm. dark-amber bottles. bots..	.....	1	1	2	2	3
Ferri pyrophosphas sol., 50-gm. dark-amber bottle, bot	.....	1	1	1	1	1
Gaultheriæ oleum (natural), 25-c. c. bottles .... bots..	.....	2	3	4	5	6
Gentianæ tinctura comp., 500-c. c. bottles ..... bots..	1	2	3	4	5	6
Glycerinum, 500-c. c. bottles ..... bots..	1	3	4	5	10	12
Glycyrrhizæ ext. pulv., 200-gm. bottles ..... bots..	2	7	8	10	15	15
Glycyrrhizæ pulv. comp., 100-gm. bottles ..... bots..	.....	1	2	2	3	3
Gossypii sem. oleum, 500-c. c. bottles ..... bots..	2	8	12	16	18	20
Guaiaci tinct. ammon., 200-c. c. bottles ..... bots..	.....	1	2	2	3	4
Hamamelidis ext. fluid. (destil.), 500-c. c. bottles, bots	1	1	2	2	3	4
Hydrarg. chlor. corros., 200-gm. bottles ..... bots..	1	5	6	7	8	9
Hydrarg. chlor. mit., 50-gm. dark-amber bottles, bots	1	2	3	4	5	6
Hydrarg. iodid. flav. (pil. gr. ¼, 500 in bottle) .. bots..	1	3	4	6	6	7
Hydrarg. nitrat. unguent., 50-gm. jars ..... jars..	.....	1	1	2	2	2
Hydrarg. oleatum (20 per cent) 100-gm. bottles. bots..	.....	1	2	2	3	3
Hydrarg. oxid. flavum, 25-gm. dark-amber bottle, bot	.....	1	1	1	1	1
Hydrarg. unguent., 100-gm. jars ..... jars..	1	6	10	12	14	16
Hydrogen dioxid., permanent solution, in 200-c. c. bottles ..... bots..	1	2	3	4	6	6
Hyoscyami ext., 50-gm. jars ..... jars..	.....	2	3	4	4	5
Ichthyol (sulpho-ammon.), original 1-oz. bottles, bots	.....	1	2	3	4	5

E. *Classification of articles embraced on the supply table*—Continued.

(I) MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Iodoformum, 100-gm. dark-amber bottles.....bots..	2	4	6	8	8	8
Iodum, 25-gm. bottles.....bots..	1	2	3	4	5	6
Ipecac. et opii pulv., 100-gm. bottles .....bots..	.....	1	2	3	4	5
Ipecac. ext. fluid., 50-c. c. bottles.....bots..	1	2	3	4	4	5
Ipecac. pulv., 100-gm. bottles.....bots..	1	1	1	2	2	3
Linum, 2-kg. tin .....tin..	.....	1	1	1	1	1
Lithii citras, 25-gm. bottles.....bots..	.....	2	4	4	4	4
Magnesia, 100-gm. bottles.....bots..	.....	2	2	3	3	4
Magnesii sulphas, 2-kg. tins.....tins..	1	2	4	6	8	10
Menthæ piper. oleum, 25-c. c. bottles.....bots..	1	1	2	3	3	4
Menthol, 25-gm. g. s. bottles.....bots..	.....	1	1	2	2	3
Morphinæ sulphas, 5 gm. bottles .....bots..	1	2	3	3	4	4
Morrhuæ oleum, 500-c. c. bottles .....bots..	2	8	14	18	18	18
Myrrhæ tinctura, 200-c. c. bottles .....bots..	.....	1	1	2	2	2
Nucis vom. ext. fluid., 100-c. c. bottles .....bots..	.....	1	1	2	2	3
Opii pulv., 50-gm. bottles.....bots..	1	1	2	2	3	3
Opii tinctura, 500-c. c. bottles.....bots..	1	2	3	4	5	6
Opii tinctura camphor., 500-c. c. bottles .....bots..	2	6	8	8	10	12
Pepsinum, 25-gm. bottles .....bots..	1	2	3	4	5	6
Petrolatum liquidum, 500-c. c. bottles .....bots..	1	2	2	3	3	4
Petrolatum spissum, 500-gm. tins .....tins..	2	5	8	10	12	14
Phenacetinum, 1-oz. cartons .....cartons..	1	2	4	5	6	7
Plumbi acetas (granulat.), 200-gm. bottles.....bots..	1	2	3	3	4	5
Potassa, 50-gm. bottles.....bots..	.....	1	2	3	3	4
Potass. acetas, 200-gm. bottles .....bots..	.....	1	2	2	3	3
Potass. arsenit. liq., 100-c. c. bottles .....bots..	.....	1	2	2	3	3
Potass. bicarbonas, 200-gm. bottles.....bots..	.....	2	2	3	3	3
Potass. bitartras, 200-gm bottles.....bots..	1	1	2	2	2	2
Potass. bromidum (crystals), 200-gm. bottles ..bots..	1	3	4	6	8	8
Potass. chloras (crystals), 200-gm. bottles.....bots..	1	3	4	4	6	8
Potass. et sodii tartras, 500-gm. bottles.....bots..	1	2	4	6	8	10
Potass. iodidum (granulat.), 200-gm. bottles...bots..	2	8	12	15	20	24
Potass. permanganas, 100-gm. g. s. dark-amber bottles.....bots..	1	2	4	5	6	7
Protargol, 30-gm. dark-amber g. s. bottles.....bots..	1	1	2	2	3	3
Quininæ sulph., 1-oz. bottles.....bots..	2	6	10	16	18	20
Ricini oleum, 500-c. c. bottles.....bots..	2	12	24	36	40	45
Salol pulvis, 4-oz. bottles .....bots..	1	2	3	4	5	6
Santali oleum, 200-c. c. bottles.....bots..	1	2	3	3	4	6
Sapo, 500-gm. papers .....papers..	1	4	6	8	10	12
Sapo viridis, 2,000-gm. jars.....jars..	1	2	3	3	4	5
Saponis linimentum, 500-c. c. bottles.....bots..	2	6	8	10	12	14
Sinapis emplast., cloth, 10 in box.....boxes..	1	6	8	12	14	16
Sinapis pulvis, 1-kg. tins.....tins..	1	1	2	2	3	3
Sodii bicarbonas, 500-gm. bottles .....bots..	1	2	4	4	6	6
Sodii boras, 500-gm. bottles .....bots..	1	2	4	4	6	6
Sodii bromidum (crystals), 200-gm. bottles ....bots..	1	1	1	2	3	3
Sodii carbonas, exsiccatus (for surgical use), 500-gm. bottles.....bots..	1	1	2	2	3	4
Sodii hyposulphis (crystals), 200-gm. bottles ..bots..	.....	1	1	2	2	2
Sodii phosphas (granulat.), 200-gm. bottles....bots..	1	2	2	3	3	4
Sodii salicylas, 100-gm. dark-amber bottles....bots..	2	3	3	5	5	6
Strophanthi tinctura, 25-c. c. bottles .....bots..	.....	1	1	2	2	2
Sulphonal, 1-oz. cartons.....cartons..	1	1	2	2	3	3

E. *Classification of articles embraced on the supply table*—Continued.

(I) MEDICINES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Sulphur lotum, 500-gm. bottles ....bots..	1	1	1	2	2	3
Terebinum, 100 c. c. bottles ....bots..	1	1	1	1	2	2
Terebinth. oleum, 500-c. c. bottles....bots..	1	4	4	6	6	8
Theobrom. oleum, 50-gm. bottles....bots..	.....	2	3	4	5	5
Thymol, 25-gm. bottles ....bots..	.....	1	1	1	2	2
Tiglii oleum, 25-c. c. bottle....bot..	1	1	1	1	1	1
Trional, 1-oz. cartons....cartons..	1	1	2	2	3	3
Urotropin, 30-gm. dark-amber bottles ....bots..	.....	1	2	2	3	3
Valerian. ext. fluid., 200-c. c. bottle ....bot..	.....	1	1	1	1	1
Virus vaccinum[a]	.....	.....	.....	.....	.....	.....
Zinci oxidum, 500-gm. bottles ....bots..	1	2	4	4	5	6
Zinci sulphas, 50-gm. bottles ....bots..	1	2	2	3	3	3
Zinci sulphocarbolas, 50-gm. bottles....bots..	1	1	2	3	4	4
Zingiberis ext. fluid., 200-c. c. bottles....bots..	1	2	3	4	4	4
DISINFECTANTS.						
Acidum carbolicum crudum, 90 per cent, 500-c. c. bottles....bots..	2	8	12	16	18	20
Calx chlorata, 500-gm. dark-amber bottles ....bots..	2	10	20	30	35	40
Ferri sulphas (commercial), 5-kg. boxes ....boxes..	2	6	8	10	12	12
Formaldehyde solution 40 per cent, 500-c. c. bottles....bots..	2	4	6	8	10	10
Formalin pastils, ¼-kg. tins....tins..	1	1	1	1	2	2
Sulphur (roll)....kg..	2	6	12	12	15	15
TABLET TRITURATES.						
Acetanilidum, 2½ grs., 100 in bottle....bots..	1	1	1	1	2	2
Acidum boricum, 5 grs., 1,000 in bottle....bot..	½	½	1	1	1	1
Acid. salicylic., 5 grs., 100 in bottle....bots..	.....	1	2	2	2	2
Acid. tannicum, 5 grs., 500 in bottle....bot..	½	1	1	1	1	1
Aconiti tinct. rad., 1 minim., 100 in bottle....bots..	1	1	1	1	2	2
Alkalin. et antisept. (Seiler's), 100 in bottle...bots..	1	2	3	3	5	5
Aloin $\frac{1}{10}$ gr., ext. bellad. $\frac{1}{10}$ gr., podophyl. $\frac{1}{10}$ gr., ext. nuc. vom. $\frac{1}{10}$ gr., 500 in bottle ....bots..	1	1	1	1	2	2
Alumen, 5 grs., 500 in bottle....bots..	1	1	1	2	2	2
Ammonii chloridum, 5 grs., 100 in bottle....bots..	1	1	2	2	3	3
Ammonii chlor. ½ gr., cubeb. ½ gr., glycyrrh. ext. $\frac{1}{10}$ gr., 500 in bottle....bots..	1	1	2	3	4	4
Antiperiodica tinctura (Warburg), dr. 1, 500 in bottle....bots..	1	1	2	2	2	2
Antipyrinum, 5 grs., 100 in bottle ....bots..	1	1	1	2	2	2
Antisept. (Wilson) hydrarg. chlor. cor. 7.7 grs., ammon. chlor. 7.3 grs., 100 in bottle....bots..	1	2	3	4	6	6
Bismuthi. subnit., 5 grs., 500 in bottle ....bots..	½	1	1	2	2	2
Caffeinae citrata., 1 gr., 500 in bottle....bot..	1	1	1	1	1	1
Camphor. ½ gr., quin. sulph. ½ gr., morph. sulph. $\frac{1}{64}$ gr., atropin. sulph. $\frac{1}{2000}$ gr., 100 in bottle..bots..	4	6	8	10	12	14
Capsici $\frac{1}{10}$ gr., ext. nuc. vom. ¼ gr., 500 in bottle ..bot..	1	1	1	1	1	1
Cathartic. vegetabil. pil. (U. S. P.), 100 in bottle ....bots..	1	3	4	5	6	7
Colchici ext. fluid., 1 gr., 500 in bottle ....bot..	.....	1	1	1	1	1
Digitalis tinctura, 5 minims, 500 in bottle....bot..	1	1	1	1	1	1
Elaterinum, $\frac{1}{10}$ gr., 500 in bottle....bot..	.....	1	1	1	1	1
Ergotin, 2 grs., 100 in bottle ....bot..	1	1	1	1	1	1
Ferri ½ gr., quin. sulph. ½ gr., acid. ars. $\frac{1}{100}$ gr., strych. $\frac{1}{120}$ gr., 500 in bottle....bots..	1	1	2	2	2	2

[a] May be obtained from the Bureau of Medicine and Surgery upon application by letter or telegram.

E. *Classification of articles embraced on the supply table*—Continued.

(V) DISPENSARY FURNITURE AND ACCESSORIES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Cork borers ..... no..	1	1	1	1	1	1
Cork extractor ..... no..	.....	1	1	1	1	1
Cork presser ..... no..	.....	1	1	1	1	1
Corkscrews ..... no..	1	1	2	2	2	2
Cupping glasses ..... no..	4	12	18	18	18	18
Dish, evaporating, iron, porcelain-lined, 750-c. c. no..	.....	1	1	1	1	1
Funnels, glass ..... no..	1	1	2	2	2	2
Funnels, hard rubber ..... no..	.....	1	2	2	2	2
Grater, nutmeg ..... no..	.....	1	1	1	1	1
Labels, direction, for vials ..... gross..	.....	2	3	4	6	6
Lamps, formalin (disinfector) ..... no..	.....	1	1	2	2	2
Lamp, nursery ..... no..	.....	1	1	1	1	1
Measure, agate, 500-c. c ..... no..	.....	1	1	1	1	1
Measure, agate, 250-c. c ..... no..	.....	1	1	1	1	1
Measure, graduated, glass, 250-c. c ..... no..	.....	1	1	1	1	1
Measures, graduated, glass, 125-c. c ..... no..	.....	1	1	2	2	2
Measures, graduated, glass, 50-c. c ..... no..	1	2	2	2	2	2
Measures, graduated, glass, 25-c. c ..... no..	1	1	1	2	2	2
Measures, graduated, glass, 5-c. c ..... no..	.....	1	1	2	2	2
Medicine droppers ..... no..	6	12	16	16	20	24
Microscopical outfit, Navy standard[a] ..... no..	.....	.....	.....	.....	.....	.....
Mortar and pestle, wedgwood, large ..... no..	1	1	1	1	1	1
Mortar and pestle, wedgwood, small ..... no..	.....	1	1	1	1	1
Ointment pots, glass, screw tops, 1 and 2 ounce.. no..	6	12	24	36	48	60
Pencils, hair ..... no..	4	12	18	18	24	24
Percolator ..... no..	.....	1	1	1	1	1
Pill tile ..... no..	1	1	1	1	1	1
Pouch, Hospital Corps, large ..... no..	.....	1	1	1	1	1
Pouch, Hospital Corps, small ..... no..	.....	1	2	2	3	3
Scale, apothecary's ..... no..	.....	1	1	1	1	1
Scale, apothecary's, hand ..... no..	1	1	1	1	1	1
Scale case ..... no..	.....	1	1	1	1	1
Scissors ..... no..	1	2	3	3	4	4
Shelf stand, with fittings, for operating rooms... no..	.....	.....	.....	1	1	1
Spatula, 15 c. m ..... no..	.....	1	1	1	1	1
Spatulas, 10 c. m ..... no..	1	1	1	2	2	2
Spatula, 7½ c. m ..... no..	.....	1	1	1	1	1
Spirit lamp, small ..... no..	1	1	1	1	1	1
Test case ..... no..	.....	1	1	1	1	1
Test tubes, 15 x 150 mm ..... no..	4	6	8	10	12	12
Tubes, culture[b]	.....	.....	.....	.....	.....	.....
Tubing, glass ..... gms..	.....	250	350	500	500	500
Twine ..... balls..	1	2	3	4	5	5
Vials, assorted ..... doz..	5	12	15	20	24	26
Weights, metric ..... set..	.....	1	1	1	1	1

(VI) HOSPITAL FURNITURE.

Aprons, operating, linen ..... no..	.....	.....	2	2	4	4
Ambulance cots ..... no..	.....	1	1	2	2	2
Bags, hot water, rubber ..... no..	1	2	3	3	4	4

[a] May be obtained from Bureau of Medicine and Surgery upon application.
[b] May be obtained from the Bureau of Medicine and Surgery upon application by letter or telegram.

E. *Classification of articles embraced on the supply table*—Continued.

(IV) SURGICAL DRESSINGS, ETC.—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Binders' boards (8 in set)....sets..	.....	2	4	4	6	6
Chamois skins....no..	.....	1	1	2	2	2
Cotton, borated (in ¼-kg. rolls)....rolls..	6	18	24	30	36	40
Cotton, hospital (in ¼-kg. rolls)....rolls..	6	18	24	30	36	40
Crinoline....m..	.....	12	12	12	18	18
Flannel....m..	2	10	20	20	24	24
Gauze, plain absorbent, in 25-m. rolls....rolls..	2	8	16	20	24	26
Gauze, iodoform, 10 per cent, 5-m. bottles....bots..	1	2	3	4	5	5
Ligatures, silk, assorted, in tubes....tubes..	6	12	18	24	30	30
Ligatures, catgut, coils in tubes....tubes..	2	6	10	12	15	15
Ligatures, silver wire, meter coils....coils..	.....	1	2	2	3	3
Ligatures, silk-worm gut, in tubes....tubes..	1	2	4	4	6	6
Lint, absorbent, ¼-kg. rolls....rolls..	2	8	8	12	16	18
Muslin....m..	8	80	120	140	180	180
Muslin, oiled, 1-meter rolls....rolls..	1	3	5	5	6	6
Needles, surgical, assorted, round eyes, 24 in bottle....bots..	1	1	2	2	3	3
Needles (Hagedorn), assorted, 24 in bottle....bots..	.....	1	1	2	3	3
Needles, thimble, and thread....set..	1	1	1	1	1	1
Packages, first aid, as required[a]....no..	.....	.....	.....	.....	.....	.....
Pins, assorted....papers..	2	4	6	6	8	8
Pins, safety, 3 sizes....doz..	3	6	9	12	18	18
Plaster, adhesive, rubber, 5-meter rolls....rolls..	1	3	4	5	6	7
Plaster, isinglass, 1-meter rolls....rolls..	1	2	3	3	4	4
Plaster Paris bandages, assorted, 1 doz. in tins..doz..	.....	4	6	8	10	12
Shades, eye, double....no..	1	1	2	2	3	3
Splint case....no..	1	1	1	1	1	1
Splints, wire for....m..	3	5	5	5	6	6
Splints, wood for....pieces..	.....	12	24	24	30	30
Sponges, bath....no..	1	2	3	4	5	5
Sponges, surgical....no..	25	50	50	50	50	50
Tape....pieces..	.....	2	4	6	8	8
Tissue, rubber, 1-meter boxes....boxes..	.....	1	2	2	3	3
Trusses, 4 sizes, each with extra pad....no..	.....	4	8	8	10	10
Tubing, drainage, in bottles....bots..	1	2	4	4	6	6

(V) DISPENSARY FURNITURE AND ACCESSORIES.

Apparatus stand....no..	.....	1	1	1	1	1
Bandage roller....no..	1	1	1	1	1	1
Bottle clasps, sets of, as required.......	.....	.....	.....	.....	.....	.....
Bottles, chloroform, drop....no..	.....	1	1	1	1	1
Bottles, irrigating, with fittings....no..	.....	2	2	3	3	3
Bottles, shelf, Navy standard....set..	.....	1	1	1	1	1
Boxes, ointment, impervious....doz..	1	4	5	6	7	8
Boxes, pill, paper....doz..	3	10	15	20	25	30
Boxes, powder....doz..	.....	3	4	5	6	7
Can opener....no..	.....	1	1	1	1	1
Capsules, gelatin, 100 in box, 4 sizes....boxes..	2	6	8	10	12	14
Capsules, gelatin, suppository, 100 in box....box..	.....	1	1	1	1	1
Corks, assorted, 25 to 200 c. c....no..	75	200	300	350	400	450
Corks, bottle, 500-c. c....no..	.....	50	75	100	150	250

[a] To be reserved for emergency service.

E. *Classification of articles embraced on the supply table*—Continued.

(V) DISPENSARY FURNITURE AND ACCESSORIES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Cork borers ..... no..	1	1	1	1	1	1
Cork extractor ..... no..	.....	1	1	1	1	1
Cork presser ..... no..	.....	1	1	1	1	1
Corkscrews ..... no..	1	1	2	2	2	2
Cupping glasses ..... no..	4	12	18	18	18	18
Dish, evaporating, iron, porcelain-lined, 750-c. c. no..	.....	1	1	1	1	1
Funnels, glass ..... no..	1	1	2	2	2	2
Funnels, hard rubber ..... no..	.....	1	2	2	2	2
Grater, nutmeg ..... no..	.....	1	1	1	1	1
Labels, direction, for vials ..... gross..	.....	2	3	4	6	6
Lamps, formalin (disinfector) ..... no..	.....	1	1	2	2	2
Lamp, nursery ..... no..	.....	1	1	1	1	1
Measure, agate, 500-c. c ..... no..	.....	1	1	1	1	1
Measure, agate, 250-c. c ..... no..	.....	1	1	1	1	1
Measure, graduated, glass, 250-c. c ..... no..	.....	1	1	1	1	1
Measures, graduated, glass, 125-c. c ..... no..	.....	1	1	2	2	2
Measures, graduated, glass, 50-c. c ..... no..	1	2	2	2	2	2
Measures, graduated, glass, 25-c. c ..... no..	1	1	1	2	2	2
Measures, graduated, glass, 5-c. c ..... no..	.....	1	1	2	2	2
Medicine droppers ..... no..	6	12	16	16	20	24
Microscopical outfit, Navy standard[a] ..... no..	.....	.....	.....	.....	.....	.....
Mortar and pestle, wedgwood, large ..... no..	1	1	1	1	1	1
Mortar and pestle, wedgwood, small ..... no..	.....	1	1	1	1	1
Ointment pots, glass, screw tops, 1 and 2 ounce.. no..	6	12	24	36	48	60
Pencils, hair ..... no..	4	12	18	18	24	24
Percolator ..... no..	.....	1	1	1	1	1
Pill tile ..... no..	1	1	1	1	1	1
Pouch, Hospital Corps, large ..... no..	.....	1	1	1	1	1
Pouch, Hospital Corps, small ..... no..	.....	1	2	2	3	3
Scale, apothecary's ..... no..	.....	1	1	1	1	1
Scale, apothocary's, hand ..... no..	1	1	1	1	1	1
Scale case ..... no..	.....	1	1	1	1	1
Scissors ..... no..	1	2	3	3	4	4
Shelf stand, with fittings, for operating rooms... no..	.....	.....	.....	1	1	1
Spatula, 15 c. m ..... no..	.....	1	1	1	1	1
Spatulas, 10 c. m ..... no..	1	1	1	2	2	2
Spatula, 7½ c. m ..... no..	.....	1	1	1	1	1
Spirit lamp, small ..... no..	1	1	1	1	1	1
Test case ..... no..	.....	1	1	1	1	1
Test tubes, 15 x 150 mm ..... no..	4	6	8	10	12	12
Tubes, culture[b]	.....	.....	.....	.....	.....	.....
Tubing, glass ..... gms..	.....	250	350	500	500	500
Twine ..... balls..	1	2	3	4	5	5
Vials, assorted ..... doz..	5	12	15	20	24	26
Weights, metric ..... set..	.....	1	1	1	1	1

(VI) HOSPITAL FURNITURE.

Aprons, operating, linen ..... no..	.....	.....	2	2	4	4
Ambulance cots ..... no..	.....	1	1	2	2	2
Bags, hot water, rubber ..... no..	1	2	3	3	4	4

[a] May be obtained from Bureau of Medicine and Surgery upon application.
[b] May be obtained from the Bureau of Medicine and Surgery upon application by letter or telegram.

E. *Classification of articles embraced on the supply table*—Continued.

(IV) SURGICAL DRESSINGS, ETC.—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Binders' boards (8 in set)....sets..	.....	2	4	4	6	6
Chamois skins....no..	.....	1	1	2	2	2
Cotton, borated (in ¼-kg. rolls)....rolls..	6	18	24	30	36	40
Cotton, hospital (in ¼-kg. rolls)....rolls..	6	18	24	30	36	40
Crinoline....m..	.....	12	12	12	18	18
Flannel....m..	2	10	20	20	24	24
Gauze, plain absorbent, in 25-m. rolls....rolls..	2	8	16	20	24	26
Gauze, iodoform, 10 per cent, 5-m. bottles....bots..	1	2	3	4	5	5
Ligatures, silk, assorted, in tubes....tubes..	6	12	18	24	30	30
Ligatures, catgut, coils in tubes....tubes..	2	6	10	12	15	15
Ligatures, silver wire, meter coils....coils..	.....	1	2	2	3	3
Ligatures, silk-worm gut, in tubes....tubes..	1	2	4	4	6	6
Lint, absorbent, ¼-kg. rolls....rolls..	2	8	8	12	16	18
Muslin....m..	8	80	120	140	180	180
Muslin, oiled, 1-meter rolls....rolls..	1	3	5	5	6	6
Needles, surgical, assorted, round eyes, 24 in bottle....bots..	1	1	2	2	3	3
Needles (Hagedorn), assorted, 24 in bottle....bots..	.....	1	1	2	3	3
Needles, thimble, and thread....set..	1	1	1	1	1	1
Packages, first aid, as required[a]....no..	.....	.....	.....	.....	.....	.....
Pins, assorted....papers..	2	4	6	6	8	8
Pins, safety, 3 sizes....doz..	3	6	9	12	18	18
Plaster, adhesive, rubber, 5-meter rolls....rolls..	1	3	4	5	6	7
Plaster, isinglass, 1-meter rolls....rolls..	1	2	3	3	4	4
Plaster Paris bandages, assorted, 1 doz. in tins..doz..	.....	4	6	8	10	12
Shades, eye, double....no..	1	1	2	2	3	3
Splint case....no..	1	1	1	1	1	1
Splints, wire for....m..	3	5	5	5	6	6
Splints, wood for....pieces..	.....	12	24	24	30	30
Sponges, bath....no..	1	2	3	4	5	5
Sponges, surgical....no..	25	50	50	50	50	50
Tape....pieces..	.....	2	4	6	8	8
Tissue, rubber, 1-meter boxes....boxes..	.....	1	2	2	3	3
Trusses, 4 sizes, each with extra pad....no..	.....	4	8	8	10	10
Tubing, drainage, in bottles....bots..	1	2	4	4	6	6

(V) DISPENSARY FURNITURE AND ACCESSORIES.

Apparatus stand....no..	.....	1	1	1	1	1
Bandage roller....no..	1	1	1	1	1	1
Bottle clasps, sets of, as required.......	.....	.....	.....	.....	.....	.....
Bottles, chloroform, drop....no..	.....	1	1	1	1	1
Bottles, irrigating, with fittings....no..	.....	2	2	3	3	3
Bottles, shelf, Navy standard....set..	.....	1	1	1	1	1
Boxes, ointment, impervious....doz..	1	4	5	6	7	8
Boxes, pill, paper....doz..	3	10	15	20	25	30
Boxes, powder....doz..	.....	3	4	5	6	7
Can opener....no..	.....	1	1	1	1	1
Capsules, gelatin, 100 in box, 4 sizes....boxes..	2	6	8	10	12	14
Capsules, gelatin, suppository, 100 in box....box..	.....	1	1	1	1	1
Corks, assorted, 25 to 200 c. c....no..	75	200	300	350	400	450
Corks, bottle, 500-c. c....no..	.....	50	75	100	150	250

[a] To be reserved for emergency service.

E. *Classification of articles embraced on the supply table*—Continued.

(V) DISPENSARY FURNITURE AND ACCESSORIES—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Cork borers ..... no..	1	1	1	1	1	1
Cork extractor ..... no..	.....	1	1	1	1	1
Cork presser ..... no..	.....	1	1	1	1	1
Corkscrews ..... no..	1	1	2	2	2	2
Cupping glasses ..... no..	4	12	18	18	18	18
Dish, evaporating, iron, porcelain-lined, 750-c. c. no..	.....	1	1	1	1	1
Funnels, glass ..... no..	1	1	2	2	2	2
Funnels, hard rubber ..... no..	.....	1	2	2	2	2
Grater, nutmeg ..... no..	.....	1	1	1	1	1
Labels, direction, for vials ..... gross..	.....	2	3	4	6	6
Lamps, formalin (disinfector) ..... no..	.....	1	1	2	2	2
Lamp, nursery ..... no..	.....	1	1	1	1	1
Measure, agate, 500-c. c ..... no..	.....	1	1	1	1	1
Measure, agate, 250-c. c ..... no..	.....	1	1	1	1	1
Measure, graduated, glass, 250-c. c ..... no..	.....	1	1	1	1	1
Measures, graduated, glass, 125-c. c ..... no..	.....	1	1	2	2	2
Measures, graduated, glass, 50-c. c ..... no..	1	2	2	2	2	2
Measures, graduated, glass, 25-c. c ..... no..	1	1	1	2	2	2
Measures, graduated, glass, 5-c. c ..... no..	.....	1	1	2	2	2
Medicine droppers ..... no..	6	12	16	16	20	24
Microscopical outfit, Navy standard[a] ..... no..	.....	.....	.....	.....	.....	.....
Mortar and pestle, wedgwood, large ..... no..	1	1	1	1	1	1
Mortar and pestle, wedgwood, small ..... no..	.....	1	1	1	1	1
Ointment pots, glass, screw tops, 1 and 2 ounce.. no..	6	12	24	36	48	60
Pencils, hair ..... no..	4	12	18	18	24	24
Percolator ..... no..	.....	1	1	1	1	1
Pill tile ..... no..	1	1	1	1	1	1
Pouch, Hospital Corps, large ..... no..	.....	1	1	1	1	1
Pouch, Hospital Corps, small ..... no..	.....	1	2	2	3	3
Scale, apothecary's ..... no..	.....	1	1	1	1	1
Scale, apothecary's, hand ..... no..	1	1	1	1	1	1
Scale case ..... no..	.....	1	1	1	1	1
Scissors ..... no..	1	2	3	3	4	4
Shelf stand, with fittings, for operating rooms... no..	.....	.....	.....	1	1	1
Spatula, 15 c. m ..... no..	.....	1	1	1	1	1
Spatulas, 10 c. m ..... no..	1	1	1	2	2	2
Spatula, 7½ c. m ..... no..	.....	1	1	1	1	1
Spirit lamp, small ..... no..	1	1	1	1	1	1
Test case ..... no..	.....	1	1	1	1	1
Test tubes, 15 x 150 mm ..... no..	4	6	8	10	12	12
Tubes, culture[b]	.....	.....	.....	.....	.....	.....
Tubing, glass ..... gms..	.....	250	350	500	500	500
Twine ..... balls..	1	2	3	4	5	5
Vials, assorted ..... doz..	5	12	15	20	24	26
Weights, metric ..... set..	.....	1	1	1	1	1

(VI) HOSPITAL FURNITURE.

Aprons, operating, linen ..... no..	.....	.....	2	2	4	4
Ambulance cots ..... no..	.....	1	1	2	2	2
Bags, hot water, rubber ..... no..	1	2	3	3	4	4

[a] May be obtained from Bureau of Medicine and Surgery upon application.
[b] May be obtained from the Bureau of Medicine and Surgery upon application by letter or telegram.

E. *Classification of articles embraced on the supply table*—Continued.

(VI) HOSPITAL FURNITURE—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Bags, ice, rubber ..... no..	1	1	1	2	2	2
Basin, wash, agate ..... no..		1	1	1	1	1
Basins, dressing, agate ..... no..	1	3	3	4	6	6
Basin, pus ..... no..		1	1	1	2	2
Bedpans, agate ..... no..		1	1	2	2	2
Boards, transportation ..... no..	1	1	1	2	2	2
Bowls, pint, agate ..... no..		3	4	6	8	8
Brushes, dust ..... no..		1	1	2	2	2
Buckets, agate ..... no..		1	2	2	3	3
Buckets, paper ..... no..		1	2	2	3	3
Candlesticks, agate ..... no..	1	1	2	2	2	2
Caps, operating, linen [a] ..... no..				4	4	4
Chairs ..... no..		2	3	4	6	6
Clocks, small, with second hand ..... no..		1	1	1	2	2
Close stools ..... no..		1	1	2	2	2
Crutches ..... pairs..	1	1	1	1	2	2
Cups, agate ..... no..		3	6	6	8	8
Cups, feeding ..... no..	1	2	4	4	6	6
Cups, spit ..... no..	1	2	4	6	8	8
Forks, table, common ..... no..		4	6	6	8	8
Gloves, operating, rubber [a] ..... pairs..					4	4
Gowns, operating, linen [a] ..... no..				2	4	4
Knives, table, common ..... no..		4	6	6	8	8
Lantern, hand ..... no..		1	1	1	1	1
Litters, army ..... no..	1	1	1	2	2	2
Medicine glasses ..... no..	1	4	6	6	8	8
Mugs, agate ..... no..	1	2	4	4	6	6
Mosquito bars, as required						
Pajamas, suits ..... no..	4	6	12	18	24	24
Pans, agate ..... no..		2	4	4	6	6
Pitcher, agate ..... no..		1	1	1	1	1
Plates, agate ..... no..	2	3	6	9	12	12
Saucepans, agate ..... no..		2	3	3	5	5
Saucers, agate ..... no..		3	6	6	8	8
Shovel, dust ..... no..		1	1	1	2	2
Slippers, hospital ..... pairs..		3	6	9	12	12
Spoons, table ..... no..	1	4	6	8	10	10
Spoons, tea ..... no..	1	4	6	8	10	10
Table, operating, small		1	1	1	1	1
Table, operating, large [a]						
Table, writing ..... no..		1	1	1	1	1
Teapot, small ..... no..		1	1	1	1	1
Tub, foot ..... no..		1	1	1	1	1
Tumblers ..... no..	1	3	5	6	8	8
Urinals, glass ..... no..		2	2	2	3	3
Urinals, agate ..... no..		1	1	1	2	2
Wineglasses ..... no..	1	4	6	8	10	10

(VII) BEDDING.

Bedspreads ..... no..		5	10	15	20	20
Blankets ..... pairs..		8	15	20	25	25
Brassards ..... no..	6	12	18	24	30	36

[a] To ships having an operating room.

E. *Classification of articles embraced on the supply table*—Continued.

(VII) BEDDING—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Mattresses, hair[a] ..... no..	.....	5	10	15	20	20
Mattress covers[a] ..... no..	.....	5	10	15	20	20
Pillows[a] ..... no..	.....	5	10	15	20	20
Pillow covers[a] ..... no..	.....	5	10	15	20	20
Pillowcases ..... no..	.....	15	30	45	60	60
Pillowcases, gum ..... no..	.....	1	1	2	3	3
Sheets, cotton ..... no..	.....	15	30	45	60	60
Sheets, gum ..... no..	1	2	2	2	3	3
Shirts, hospital ..... no..	.....	5	10	15	20	20
Towels, hand ..... no..	12	24	36	48	60	60

(VIII) BOOKS.

Anatomy ..... vol. no..	.....	1	1	1	1	1
Dispensatory ..... vol. no..	1	1	1	1	1	1
Dictionary, medical ..... vol. no..	.....	1	1	1	1	1
Hygiene ..... vol. no..	.....	1	1	1	1	1
Medicine, practice of ..... vol. no..	.....	1	1	1	1	1
Pharmacy ..... vol. no..	.....	1	1	1	1	1
Surgery ..... vol. no..	.....	1	1	1	1	1
Tropical Diseases ..... vol. no..	.....	1	1	1	1	1
Venereal Diseases ..... vol. no..	.....	1	1	1	1	1

(IX) STATIONERY.

Books, blank, foolscap, 2-quire ..... no..	1	3	3	3	4	4
Books, blank, small quarto ..... no..	1	2	4	4	6	6
Book, press copy, letter ..... no..	.....	1	1	1	1	1
Carbon sheets, 24 sheets in box ..... box..	.....	.....	.....	1	1	1
Envelopes, official ..... no..	25	50	100	100	150	150
Envelopes, small ..... no..	50	75	150	150	200	250
Eraser, steel ..... no..	.....	1	1	1	1	1
Erasers, rubber ..... no..	1	2	3	3	4	4
File, letter ..... no..	.....	1	1	1	1	1
Ink, black, record ..... bots..	1	1	2	2	3	3
Ink, black, copying ..... bot..	.....	1	1	1	1	1
Ink, red ..... bots..	.....	1	1	2	3	3
Inkstands ..... no..	1	1	2	2	3	3
Mailing tubes ..... no..	2	6	10	12	15	15
Medical journals ..... no..	1	2	2	3	3	3
Mucilage ..... bots..	.....	1	1	1	2	2
Pads, memorandum ..... no..	.....	8	12	16	20	20
Pads, prescription ..... no..	.....	4	6	8	10	10
Paper, blotting ..... qr..	½	½	1	1	2	2
Paper, envelope ..... qr..	½	2	4	5	6	6
Paper fasteners ..... box..	.....	1	1	1	1	1
Paper, filtering ..... qr..	1	2	3	4	5	5
Paper, foolscap ..... qr..	.....	10	10	10	12	12
Paper, official, whole sheets ..... qr..	2	5	5	10	12	12
Paper, official, half sheets ..... qr..	2	5	5	10	12	12
Paper, official, half sheets, typewriter ..... qr..	.....	.....	.....	10	12	12

[a] Mattresses, pillows and covers for each, are supplied by Bureau of Construction and Repair for *new vessels built under contract.*

E. *Classification of articles embraced on the supply table*—Continued.

(IX) STATIONERY—Continued.

Articles.	Less than 75 men.	75 to 150 men.	150 to 300 men.	300 to 450 men.	450 to 600 men.	600 men and upward.
Paper, unruled, note ..... qr..	1	5	10	10	12	12
Paper, wrapping, blue ..... qr..	2	10	15	20	24	24
Paper, wrapping, white ..... qr..	2	5	5	10	12	12
Pencils, lead ..... no..	2	12	12	15	15	15
Penholders ..... no..	2	4	5	6	8	8
Pens, steel ..... boxes..	½	1	1	1	2	2
Pins, newspaper ..... card..	.....	1	1	1	1	1
Portfolio ..... no..	.....	1	1	1	1	1
Rubber bands, assorted ..... gross..	.....	1	1	1	2	2
Ribbons, copying, for typewriter ..... no..	.....	.....	.....	2	2	2
Rulers ..... no..	.....	1	2	2	3	3
Shears, desk ..... no..	.....	1	1	1	2	2

F. *Classification and contents of cases referred to in supply table.*

BOAT BOX.

[To be covered with canvas on board ship. Directions for giving medicines in each box.]

Antiseptic tablets (bichloride mercury) bot..	1	Packages, first aid ..... no..	6
Bandages ..... no..	6	Plaster, rubber ..... roll..	1
Beef, extract ..... bot..	1	Quinine pills (3 grains) ..... bot..	1
Calomel, tablets ..... bot..	1	Soda, bicarbonate ..... can..	1
Cathartic tablets, compound ..... bot..	1	Tourniquets, field ..... no..	3
Diarrhœa and cholera tablets ..... bot..	1	Tourniquets, rubber, instant ..... no..	2
Lead and opium tablets ..... bot..	1	Vaseline, carbolized ..... jar..	1
Lint ..... yards..	2	Whisky ..... bot..	1
Mustard plasters ..... box..	1		

MEDICINE BOX, TORPEDO BOATS.

[Medicine case. Tablets. 1-oz. bottles.]

Aloin, bellad., podophyllin	.....	Dover's powders (grains)	5
Alkaline (Seiler's)	.....	Lead and opium	.....
Antiseptic (bichloride mercury)	.....	Morphine sulph. (grain)	¼
Bismuth subnit. (grains)	5	Phenacetine (grains)	5
Brown mixture (drachm)	1	Potass. chloras. (grains)	5
Calomel, ipecac., soda	.....	Potass. bromid. (grains)	5
Cathartic, vegetable	.....	Rhinitis	.....
Diarrhœa and cholera	.....	Sodium salicylate (grains)	5

Beef extract ..... bots..	2	Quinine sulph. (3 grains) ..... bot..	1
Castor oil ..... lt..	½	Salts (magnesii sulph.) ..... kg..	1
Collodion ..... bot..	1	Soda bicarb ..... can..	1
Liniment, soap ..... lt..	½	Whisky ..... lt..	½
Ointment, aristol and opium ..... jar..	1	Absorbent cotton, borated (30-gm. packages) ..... kg..	¼
Ointment, carbolic ..... jar..	1	Absorbent gauze, plain (1-m. packages) .m..	5
Ointment, zinc ..... jar..	1	Bandages, assorted ..... no..	18
Paregoric ..... lt..	½	Bangages, suspensory ..... no..	4
Petrolatum ..... kg..	½	Binders' board ..... set..	1
Picric acid sol ..... lt..	½		

F. *Classification and contents of cases referred to in supply table*—Continued.

MEDICINE BOX, TORPEDO BOATS—Continued.

Glass, medicine ..... no..	1	Plasters, rubber (1-inch) ..... roll..	1
Lint ..... kg..	1	Thermometer, clinical ..... no..	1
Muslin. ..... m..	5	Tourniquets, instant.... ..... no..	2
Packages, first aid..... no..	6	Tourniquets, field ..... no..	2
Plasters, belladonna. ..... box..	1	Spatula ..... no..	1
Plasters, mustard ..... boxes..	2		

CASE—DENTAL.

[In mahogany case with leather cover.]

Burs, round, for holder, Nos. 4, 5, and 7.. no..	3	Forceps, bicuspid, upper (Kell), No. 99, no.....	1
Drills, flat spear point, for holder, Nos. 101, 103, and 105 ..... no..	3	Forceps, molar, lower, for either side (Harris), No. 15 ..... no..	1
Elevators, octagon handles, Nos. 8 and 9, no.....	2	Forceps, molar, lower, for either side (Wolverton), No. 60 ..... no..	1
Elevators, right and left (Canine), octagon handles ..... no..	2	Forceps, molar, upper, for left side (Harris), No. 18..... no..	1
Excavators, blued octagon handles, Nos. 5, 6, 25, 26..... no..	6	Forceps, molar, upper, for right side (Harris), No. 18..... no..	1
Fillers for gutta-percha pellets..... no..	2	Holder, engine-bit, hand, revolving, universal (White)..... no..	1
Forceps, alveolar, half curved (Parmly), No. 39, with one curved handle and shorter thinner beaks ..... no..	1	Lancet, gum..... no..	1
Forceps, alveolar, lower, for either side (Parmly), No. 52..... no..	1	Gutta-percha pellets for filling ..... box..	1

ROLL—DENTAL.

Forceps, incisor ..... no..	1	Forceps, molar, upper, universal..... no..	1
Forceps, molar, bayonet ..... no..	1	Forceps, root, straight..... no..	1
Forceps, molar, lower, universal..... no..	1	Lancet, gum, and tenotome..... no..	1

CASE—EYE AND EAR.

[In mahogany case with leather cover.]

Bag (Politzer), small..... no..	1	Knife, cataract, linear (Graefe)..... no..	1
Catheter, eustachian..... no..	1	Knife, iris..... no..	1
Curette (Buck)..... no..	1	Knife, iris, double edge..... no..	1
Cystotome and scoop..... no..	1	Magnet, eye (Gruening) ..... no..	1
Director, lachrymal..... no..	1	Needle, curved, small..... no..	1
Forceps, dressing, ear (Sexton)..... no..	1	Needles, fine, suture ..... no..	12
Forceps, cilia..... no..	1	Needle, foreign body..... no..	1
Forceps, entropium, reversible (Prout). no..	1	Needles, stop, curved and straight.... no..	2
Forceps, fixation..... no..	1	Needle, straight ..... no..	1
Forceps, iris, straight and curved..... no..	2	Optometer (Thompson) ..... no..	1
Forceps, needle (Sand)..... no..	1	Perforator, tympanum ..... no..	1
Forceps, strabismus ..... no..	1	Probes (Bowman) ..... sets..	8
Gouge, foreign body, eye..... no..	1	Probe, silver (Anel)..... no..	1
Hook, blunt (Tyrell)..... no..	1	Retractors, lid (Desmarre) ..... no..	2
Hook, double..... no..	1	Scalpel, lid ..... no..	1
Hook, pterygium..... no..	1	Scissors, iris, straight and curved ..... no..	2
Hooks, strabismus..... no..	2	Scissors, strabismus ..... no..	1
Keratomes, straight and angular ..... no..	2	Scoop and hook, ear (Gross) ..... no..	1
Knife, canalicula (Weber)..... no..	1	Scoop, serrated and concave (Critchet), no.....	
Knife, cataract (Beer) ..... no..	1		

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—EYE AND EAR—Continued.

Silk, fine	cards	3	Spud (Dix)	no	1
Spatula, lid	no	1	Styles, lachrymal, silver	no	2
Spatula, ear, in nest (Toynbee)	set	1	Syringe, silver (Anel), with three tips, no		1
Speculum, eye (Noyes)	no	1	Test drum	no	1
Spoon, lens, fenestrated	no	1			
Spoon, lens, h. r	no	1			

CASE—EXPEDITIONARY AND BOAT—MEDICAL.

FIRST PART—HAND CASE OF TABLETS—IN TRAY.

[Fitted in leather pouch having sling strap with buckle and snap hooks. Tablets in half-ounce bottles.]

Acid, boric	gr	5	Lead acetate	gr	3
Acid, tannic	gr	5	Opium	gr	½
Aconite, tincture	m	1	Opium	gr	1
Alum	gr	5	Camphor	gr	2
Ammonium chloride	gr	5	Opium	gr	½
Antipyrin	gr	5	Lead acetate	gr	1½
Bismuth subnitrate	gr	5	Phenacetine	gr	5
Bismuth subnitrate	gr	5	Potass. bromide	gr	10
Brown mixture	dr	1	Potass. chlorate	gr	5
Brown mixture	dr	1	Potass. iodide	gr	5
Calomel	gr	⅛	Quinine sulphate	gr	3
Ipecac	gr	1/10	Quinine sulphate	gr	3
Soda	gr	1	Salol	gr	5
Capsicum	gr	1/10	Sodium bicarbonate	gr	5
Nux vomica ext	gr	¼	Sodium salicylate	gr	5
Cathart. vegetable pill, U. S. P	oz	½	Trional	gr	5
Digitalis tincture	m	5	Zinc sulphate	gr	5
Dover's powder	gr	5			

[Tablets in two-drachm bottles.]

Croton oil	m	⅛	Morphine sulphate	gr	¼
Ergotin	gr	2	Nitroglycerin	gr	1/100
Ipecac powder	dr	2	Silver nitrate, fused	dr	2

[Tablets, hypodermic, in tubes. (One tube each.)]

Apomorphine hydrochlorate[a]	gr	1/20	Morphine sulphate[a]	gr	¼
Atropine sulphate[a]	gr	1/100	Atropine sulphate	gr	1/150
Cocaine hydrochlorate	gr	¼	Pilocarpine hydrochlorate	gr	½
Digitalin	gr	1/100	Strychnine sulphate[a]	gr	1/30
Morphine sulphate	gr	¼			

Syringe, hypodermic, in metal case with places for four tubes	no	1
Thermometer, clinical	no	1

[a] In hypodermic syringe case.

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—EXPEDITIONARY AND BOAT—MEDICAL—Continued.

SECOND PART—MISCELLANEOUS.

Alcohol	oz.	8	Pocket stove	no.	1
Ammonia water (stronger)	oz.	2	Quinine sulphate tablets, 3-gr.	oz.	1
Antiseptic tablets	oz.	1	Capsules:		
Bandages, roller	no.	4	Sandalwood oil (m. 10) / Hyoscyam. ext. (gr. 1½)	no.	100
Bandage, suspensory	no.	1			
Beef extract	oz.	4	Soap, castile, in tin case	oz.	2
Book, note, small	no.	1	Squibb's mixture	oz.	2
Chloroform	oz.	8	Syringe, p. h. r.	no.	1
Cotton, borated	q. s.		Stoppers, rubber, for 8-oz. bottles	no.	6
Envelopes, small, for tablets	no.	25	Teaspoons	no.	2
Ether	oz.	8	Test case, pocket (Bartley), with directions	no.	1
Measure, glass, graduated, 50 c. c.	no.	1	Towels	no.	2
Medicine droppers	no.	2	Tourniquets, field	no.	2
Muslin	yd.	2	Vials, 25-c. c., with corks	no.	3
Oil, castor	oz.	8	Whisky	oz.	8
Pencils, hair	no.	2			
Pencil, indelible, with leads	no.	1			

CASE—EXPEDITIONARY AND BOAT—SURGICAL.

FIRST PART—OPERATING CASE—IN TRAY.

[Fitted in leather pouch having sling strap with buckle and snap hooks.]

Bistoury, curved, sharp	no.	1	Needles, wire suture	no.	2
Catheter, silver	no.	1	Probe, long, silver	no.	1
Director and aneurism needle	no.	1	Probe (Nélaton)	no.	1
Elevator and raspatory	no.	1	Saw, finger	no.	1
Forceps, artery, fenestrated	no.	1	Saw, capital	no.	1
Forceps, bone, with open box joint	no.	1	Scalpels	no.	2
Forceps, bullet	no.	1	Scissors, curved, blunt, separable	no.	1
Forceps, hæmostatic (1 a needle carrier)	no.	6	Tenaculum	no.	1
			Tenotome	no.	1
Knife, amputating, leg and arm	no.	1	Torniquet with chain (Esmarch)	no.	1
Knife, finger	no.	1	Trephine	no.	1
Knife, hernia	no.	1	Wax	piece.	1
Ligature, silk, card, 4 sizes	no.	1	Wire, suture, silver	coils.	2
Needles, surgical, assorted	no.	24			

SECOND PART—SURGICAL DRESSINGS, ETC.

Acid, carbolic, crystals	oz.	4	Cotton, absorbent, borated	oz.	4
Ammonia, aromatic spirits	oz.	1	Cup, drinking, folding	no.	1
Antiseptic tablets (sublimate)	oz.	1	Ether	oz.	8
Bandage (Esmarch)	no.	1	Gauze, iodoform	yd.	1
Bandages, roller	no.	6	Gauze, plain, 1 m packages	pkgs.	12
Bandages, gauze	no.	6	Glasses, medicine	no.	2
Bandages, suspensory	no.	2	Iodoform sprinkler (filled)	no.	1
Beef extract	oz.	4	Ligatures, catgut, assorted, in tubes.	tubes.	4
Book, prescription, leather-bound, with pencil	no.	1	Needles, common	paper.	1
			Packages, first aid	no.	12
Candle, in tin box	no.	1	Pencils, hair	no.	3
Chloroform	oz.	4	Petrolatum, carbolized	oz.	1
Collodium, flexile	oz.	1	Pins, common, assorted	paper.	1
Corkscrew, folding	no.	1			

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—EXPEDITIONARY AND BOAT—SURGICAL—Continued.

SECOND PART—SURGICAL DRESSINGS, ETC.—Continued.

Pins, safety ..... no..	12	Tape ..... piece..	1
Plaster, adhesive, rubber, 2-inch ... spool..	1	Teaspoon ..... no..	1
lasters, mustard, small, in tin ..... no..	6	Tissue, rubber, in tins ..... m..	1
Scissors, small ..... no..	1	Tourniquets, field ..... no..	4
Splints, basswood ..... pieces..	12	Towels ..... no..	2
Sponges, Bernay's ..... pkg..	1	Trays, surgical, nest of 2 ..... set..	1
Syringe, p., rubber ..... no..	1	Tubing, drainage, in tubes ..... tubes..	2
Thread, linen ..... spool..	1	Whisky ..... oz..	4

CASE—FORCEPS, HÆMOSTATIC.

[In leather-lined morocco case.]

Halstead's, curved ..... no..	2	Tait's ..... no..	2
Halstead's, straight ..... no..	2	Thornton's T ..... no..	1
Keen's ..... no..	1	Wyeth's ..... no..	1
Sabine's ..... no..	2		

CASE—GENERAL OPERATING.

[In mahogany case with leather cover.]

Bistoury, curved, probe-pointed ..... no..	1	Knife, hernia ..... no..	1
Bistoury, curved, sharp-pointed ..... no..	1	Knife, lithotomy, probe-pointed (Blizzard) ..... no..	1
Bistoury, straight, probe-pointed ..... no..	1	Knife, lithotomy, sharp-pointed (Little), no	1
Bistoury, straight, sharp-pointed ..... no..	1	Ligature, silk ..... cards..	4
Catling, long ..... no..	1	Mallet, lead-filled ..... no..	1
Catling, small ..... no..	1	Needle, aneurism, handle and 3 tips .. no..	1
Chisel, bone ..... no..	1	Needles, mattress (Wyeth) ..... no..	2
Clamp, hæmorrhoidal (Smith) ..... no..	1	Needles, surgeon's (Hagedorn), assorted, round eyes ..... no..	12
Drills, bone, with one handle ..... no..	4	Needles, surgeon's, round eyes, assorted, no	12
Directors, grooved, 6 and 8 inch ..... no..	2	Needles, wire suture ..... no..	6
Elevator, periosteal (Sayre) ..... no..	1	Pins, suture ..... no..	24
Elevator and raspatory, combined .... no..	1	Pliers, wire-cutting, small ..... no..	1
Forceps, artery (Esmarch), bulbous, fenestrated and torsion ..... no..	3	Probes, silver, 10-inch (one with eye) . no..	2
Forceps, bone-cutting (Liston and Velpeau) ..... no..	2	Probe (Nélaton) ..... no..	1
Forceps, bone-holding (Farabeuf and Ferguson ..... no..	2	Probe, vertebrated (Sayre) ..... no..	1
Forceps, bullet ..... no..	1	Retractors, metal (Parker) ..... no..	2
Forceps, dissecting ..... no..	1	Saw, bow, 2 blades ..... no..	1
Forceps, gouge ..... no..	1	Saw, capital (Satterlee) ..... no..	1
Forceps, hæmostatic (Halstead), curved, no	2	Saw, chain and carrier ..... no..	1
Forceps, hæmostatic (Halstead), straight, no	2	Saw (Hey) ..... no..	1
Forceps, hæmostatic (Keen) ..... no..	1	Saw, metacarpal, lifting back ..... no..	1
Forceps, hæmostatic (Sabine) ..... no..	2	Scalpels, 2¼ to ¾ inch cutting edge, handles shaped into dry dissectors ..... no..	8
Forceps, hæmostatic (Tait) ..... no..	2	Scissors, 7-inch, curved on flat, blunt; 7-inch, curved on flat, sharp; 5½-inch, curved on flat, sharp; and 7-inch, straight, sharp ..... no..	4
Forceps, hæmostatic (Thornton), T ... no..	1	Scoop, bone (Volkmann) double, aseptic ..... no..	1
Forceps, hæmostatic (Wyeth) ..... no..	2	Sponge holders, straight and curved, 10-inch ..... no..	2
Forceps, needle (Tiemann) ..... no..	1	Tenaculа ..... no..	2
Forceps, sequestrum ..... no..	1		
Gouges ..... no..	3		
Knife, amputating, long ..... no..	1		
Knife, amputating, medium ..... no..	1		

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—GENERAL OPERATING—Continued.

Tenotome, probe-pointed, ½-inch cutting edge	no.	1	
Tongue depressor (Jackson)	no.	1	
Tourniquet, screw	no.	1	
Trocar and canula, curved	no.	1	
Trocar and canula, straight	no.	1	
Trephine, crown	no.	1	
Trephine (Galt)	no.	1	
Trephine, brush for	no.	1	
Wax	piece	1	
Wire suture, silver	coils	3	

CASE—OPERATING.

[In oak case with leather cover.]

Bistoury, curved, probe-pointed	no.	1	
Bistoury, curved, sharp-pointed	no.	1	
Catlin, medium	no.	1	
Director and tongue tie	no.	1	
Elevator and raspatory	no.	1	
Forceps, bone-cutting (Liston)	no.	1	
Forceps, polypus (Gross)	no.	1	
Forceps (Tait)	no.	2	
Forceps (Tait), with grooves for needles	no.	1	
Knife, amputating, medium	no.	1	
Needle, aneurism	no.	1	
Needles, surgeon's	no.	6	
Pins, suture	no.	6	
Probe with fork (Nélaton)	no.	1	
Probes, silver	no.	2	
Saw (Satterlee)	no.	1	
Scalpel, large	no.	1	
Scalpel, medium	no.	1	
Scalpel, small	no.	1	
Silk	reel	1	
Strap and chain	no.	1	
Tenotome	no.	1	
Wax	piece	1	
Wire, silver	yd.	1	

CASE—GENITO-URINARY.

[In mahogany case with leather cover.]

Bougies à boule (Otis), metal, alternate numbers from 8 to 36, inclusive, French	no.	16	
Bougies, whalebone (Bank), Nos. 9, 12, and 15, French	no.	3	
Bougies, whalebone, filiform (Gouley)	no.	13	
Catheter, double current, silver	no.	1	
Catheter, grooved and tunneled (Gouley)	no.	1	
Catheters, silver, Nos. 9, 12, 15, and 18, French	no.	4	
Catheter, prostatic, silver	no.	1	
Catheter syringe	no.	1	
Clamp, scrotal (Lewis)	no.	1	
Director (Gouley), silver	no.	1	
Endoscopes (Klotz), 3 sizes	no.	3	
Forceps, lithotomy	no.	1	
Forceps, meatus	no.	1	
Forceps, urethral, curved (Thompson)	no.	1	
Forceps, urethral, straight (Thompson), no		1	
Gauge, metric (Thomas)	no.	1	
Gauge, steel (Handerson)	no.	1	
Guide, prostatic (Otis)	no.	1	
Guides, whalebone (Otis)	no.	3	
Irrigators, urethral, curved and straight (Keller)	no.	2	
Needle, varicocele (Keyes-Riverdin)	no.	1	
Nozzle, irrigation, urethral (Kiefer)	no.	1	
Scoop and conductor, lithotomy	no.	1	
Searcher (Thompson)	no.	1	
Sounds, steel (Van Buren), alternate numbers from 10 to 32, inclusive, French	no.	12	
Sound, steel, straight	no.	1	
Sound, tunneled (Gouley)	no.	1	
Syringe, deep, urethral (Keyes)	no.	1	
Staff, lithotomy (Little)	no.	1	
Staff and catheter, tunneled and grooved (Gouley)	no.	1	
Tenaculum (Gouley)	no.	1	
Tenotome, probe-pointed, for meatus	no.	1	
Trocar, hydrocele	no.	1	
Urethrotome, dilating (Otis), straight, two blades	no.	1	
Urethrotome (Maisonneuve) No. 8, Otis gauge, two blades, filiform bougies and extra tunneled tip	no.	1	

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—GENITO-URINARY—SMALL.

[In mahogany case with leather cover.]

Bougies à boule (Otis), even numbers from 10 to 32 F, inclusive ..... no..	12	Sounds, steel, even numbers from 10 to 32 F, inclusive ..... no..	12
Bougies, whalebone, filiform (Gouley) .no..	6	Sounds, steel, straight ..... no..	1
Catheter, silver ..... no..	1	Sound, tunneled (Gouley) ..... no..	1
Catheter, return, silver ..... no..	1	Syringe, deep urethral (Keys) ..... no..	1
Catheter, tunneled (Gouley) ..... no..	1	Staff, catheter (Gouley) ..... no..	1
Director, silver (Arnot's) ..... no..	1	Tenotome, probe-pointed, for meatus .no..	1
Endoscope (Klotz) ..... no..	1	Trocar, hydrocele ..... no..	1
Gauge, metric (Thomas) ..... no..	1	Urethrotome (Otis) ..... no..	1
Gauge for sounds, paper ..... no..	1		

CASE—NECROSCOPIC.

[In mahogany case with leather cover.]

Blowpipe ..... no..	1	Knife, brain, double-edged ..... no..	1
Chain hooks ..... set..	1	Knife, cartilage ..... no..	1
Chisel ..... no..	1	Needle, aneurism, large ..... no..	1
Costotome ..... no..	1	Needles, large ..... no..	3
Director ..... no..	1	Saw ..... no..	1
Enterotome ..... no..	1	Scalpels, assorted sizes ..... no..	4
Forceps, dissecting ..... no..	1	Scissors ..... no..	1
Hammer ..... no..	1	Tenaculum ..... no..	1

CASE—POCKET—ASEPTIC.

[Morocco case with chamois cover.]

Bistoury, curved, probe-pointed ..... no..	1	Needle, exploring ..... no..	1
Bistoury, curved, sharp-pointed ..... no..	1	Needles, surgeon's, assorted ..... no..	12
Bistoury, straight ..... no..	1	Probe, silver ..... no..	1
Catheter, combined male and female, with caustic case, seamless silver ..... no..	1	Scalpel ..... no..	1
		Scissors ..... no..	1
Forceps, dressing ..... no..	1	Tenaculum ..... no..	1
Forceps, needle and artery ..... no..	1	Tenotome ..... no..	1
Knife, hernia ..... no..	1	Wax ..... piece..	1
Lancet, thumb ..... no..	1	Wire, suture, silver ..... coils..	2
Ligature, silk ..... card..	1		
Needle, aneurism and grooved director ..... no..	1		

CASE—POCKET—ASEPTIC—SMALL.

[Leather case.]

Bistoury, curved, probe-pointed ..... no..	1	Needle, exploring (in catheter) ..... no..	1
Bistoury, curved, sharp-pointed ..... no..	1	Needles, surgeon's ..... no..	12
Catheter (Parker) ..... no..	1	Probes ..... no..	2
Director and aneurism needle ..... no..	1	Scalpel ..... no..	1
Forceps, artery (Pean) ..... no..	1	Scissors ..... no..	1
Forceps, artery, grooved for needles ..no..	1	Silk ..... reel..	1
Forceps, thumb ..... no..	1	Tenaculum ..... no..	1
Hook and spoon, ear (Gross) ..... no..	1	Tenotome ..... no..	1
Knife, finger ..... no..	1		

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—SURGICAL INSTRUMENT CABINET.

DRAWER NO. 1—GENERAL OPERATING.

Bistoury, curved, probe-pointed	no..	1	Periosteotome (Sayre)	no..	1
Bistoury, curved, sharp-pointed	no..	1	Pins, suture	no..	12
Bistoury, lithotomy, probe-pointed (Blizzard)	no..	1	Pliers, wire-cutting	no..	1
			Razor, aseptic (Pfarre)	no..	1
Bistoury, lithotomy, sharp-pointed (Little)	no..	1	Retractors (Esmarch)	no..	2
			Retractors (Parker)	no..	2
Bistoury, straight, probe-pointed	no..	1	Saw, bow, 2 blades (Tiemann)	no..	1
Bistoury, straight, sharp-pointed	no..	1	Saw, capital (Satterlee)	no..	1
Buttons, anastomosis (Murphy), set of 4, set		1	Saw, chain and carrier	no..	1
Catling, 8-inch blade	no..	1	Saw, lifting back	no..	1
Catling, 6¼-inch blade	no..	1	Saw, metacarpal	no..	1
Drill, antrum (Pope)	no..	1	Saw, metacarpal, lifting back	no..	1
Clamps, intestinal (Murphy)	no..	2	Saw, skull (Hey)	no..	1
Drills, bone, with one handle (Brainard)	no..	4	Saws, wire (Gigli), set of 3	set..	1
			Scalpel, heavy (Pilcher)	no..	1
Forceps, needle, universal (Tiemann) ..	no..	1	Scalpels, 1 inch to 2½ inch	no..	7
Knife, amputating, 9½-inch blade	no..	1	Scoop, bone (Volkmann), double	no..	1
Knife, amputating, 7-inch blade	no..	1	Serrefines	no..	3
Knife, finger	no..	1	Tenacula	no..	2
Knife, hernia	no..	1	Tenotomes, sharp and blunt pointed ..	no..	2
Mallet, lead	no..	1	Trephine, brush for	no..	1
Needle (Reverdin)	no..	1	Trephine, crown	no..	1
Needles, aneurism (Mott)	set..	1	Trephine (Galt)	no..	1
Needles, mattress (Wyeth)	no..	2	Trocar and canula, curved	no..	1
Needles, surgeon's	no..	12	Trocar and canula, straight	no..	1
Needles, surgeon's (Hagedorn)	no..	12	Wire, silver	coils..	3
Needles, wire, suture	no..	6			

DRAWER NO. 2—GENERAL OPERATING.

Chisel, bone, small and medium	no..	2	Forceps, hæmostatic (Keen)	no..	3
Directors, 6 and 8 inch	no..	2	Forceps, hæmostatic (Kelly), straight.	no..	3
Elevator and raspatory	no..	1	Forceps, hæmostatic (Sabine)	no..	6
Forceps, acupressure (Allis), curved ..	no..	1	Forceps, hæmostatic (Tait)	no..	3
Forceps, acupressure (Allis), straight .	no..	1	Forceps, hæmostatic (Thornton)	no..	1
Forceps, anatomical	no..	1	Forceps, hæmostatic (Wyeth)	no..	3
Forceps, artery (Esmarch), bulbous ..	no..	1	Forceps, sequestrum (Van Buren)	no..	1
Forceps, artery (Esmarch), fenestrated .	no..	1	Forceps, splinter	no..	1
Forceps, artery (Esmarch), torsion ...	no..	1	Gouges, bone	no..	2
Forceps, bone (Liston)	no..	1	Probe (Nélaton)	no..	1
Forceps, bone (Velpeau)	no..	1	Probe, silver, 10-inch (one with eye) ..	no..	2
Forceps, bone-gouging	no..	1	Probe, vertebrated (Sayre), silver	no..	1
Forceps, bone-holding (Farabeuf)	no..	1	Scissors, curved, assorted	no..	3
Forceps, bone-holding (Ferguson)	no..	1	Scissors, straight, assorted	no..	2
Forceps, bullet (Tiemann)	no..	1	Sponge holder, curved	no..	1
Forceps, gnawing (Keen)	no..	1	Sponge holder, straight	no..	3
Forceps, hæmostatic (Halstead), curved, no		3	Tourniquet, screw	no..	1
			Tube, saline infusion, silver (Harris) ..	no..	1
Forceps, hæmostatic (Halstead), straight, no		3			

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—SURGICAL INSTRUMENT CABINET—Continued.

DRAWER NO. 3.—EYE, EAR, NOSE, AND THROAT.

Applicator, silver	no.	1	
Brushes, with one holder	no.	6	
Canula (Belocq), silver	no.	1	
Catheter, eustachian, silver	no.	1	
Curette, ear (Buck)	no.	1	
Cystotome and scoop (Daviel)	no.	1	
Dilator, trachea (Trousseau)	no.	1	
Forceps, cilia (Beer)	no.	1	
Forceps, ear (Sexton)	no.	1	
Forceps, entropium (Prout)	no.	1	
Forceps, fixation (Graefe)	no.	1	
Forceps, iris, curved	no.	1	
Forceps, iris, straight	no.	1	
Forceps, laryngeal (Simrock)	no.	1	
Forceps, œsophageal (Tiemann), spiral	no.	1	
Forceps, polypus, nasal	no.	1	
Forceps, strabismus	no.	1	
Forceps, trachoma (Knapp)	no.	1	
Gag mouth Benhardt)	no.	1	
Hook, blunt (Tyrrell)	no.	1	
Hook, pterygium (Prince)	no.	1	
Hook, strabismus (Graefe)	no.	1	
Knife, canalicula (Weber)	no.	1	
Knife, cataract, linear (Graefe)	no.	1	
Knife, cataract (Beer)	no.	1	
Knife, iris	no.	1	
Knife, iris, double-edge	no.	1	
Magnet (Greuning)	no.	1	
Mirrors, 3¼ inch, with headband	no.	1	
Mirrors, laryngeal, 1, 3, 5, with one handle	no.	3	
Needles, fine, suture	no.	12	
Needle, foreign body	no.	1	
Needle, stop, straight	no.	1	
Perforator tympanum, angular	no.	1	
Plate, eyelid hard rubber (Jaeger)	no.	1	
Probang, bristle, with rings	no.	1	
Probang, plain	no.	1	
Probes, Bowman, silver, set of 8	set	1	
Probe, silver (Anel)	no.	1	
Retractors, eyelid (Desmarres)	no.	2	
Retractors, tracheotomy	no.	2	
Scalpel, for lids	no.	1	
Scalpel, tracheotomy, probe-pointed	no.	1	
Scalpel, tracheotomy, sharp-pointed	no.	1	
Scissors, iris, curved	no.	1	
Scissors, iris, straight	no.	1	
Scissors, strabismus, straight	no.	1	
Scissors, uvula, with claws	no.	1	
Silk iron-dyed	cards.	3	
Snare, nasal, with two canulæ (Bosworth), no		1	
Speculum, ear, silver (Gruber), set of 3, set		1	
Speculum, eye (Noyes)		1	
Speculum, nose, bivalve Collin)		1	
Speculum, nose (Bosworth)		1	
Spoon Critchet)		1	
Spoon and hook (Gross)	no.	1	
Spud (Dix)	no.	1	
Syringe, ear (Pomeroy), with metal piston	no.	1	
Syringe, silver (Anel), with three tips	no.	1	
Test drum with skin	no.	1	
Tongue depressor (Jackson)	no.	1	
Tonsilotome, two blades (Tiemann)	no.	1	
Tubes, trachea, movable plate, silver	no.	2	
Wire, for snare	spool.	1	

DRAWER NO. 4—GENITO-URINARY AND RECTAL.

Pathfinder (Tiemann)	no.	1	
Scoop and conductor, lithotomy	no.	1	
Bougies à boule (Otis), metal, alternate numbers from 8 to 36 metric	no.	15	
Bougies, whalebone (Bank), 9, 12, 15, metric	no.	3	
Bougies, whalebone, filiform (Gouley)	no.	12	
Catheters, double current, silver	no.	1	
Catheter, grooved and tunneled (Gouley), no		1	
Catheter, silver, 9, 12, 15, 18, metric	no.	4	
Catheter, silver, prostatic	no.	1	
Catheter, syringe, silver	no.	1	
Clamp, hæmorrhoidal (Smith)	no.	1	
Clamp, scrotal (Lewis)	no.	1	
Director (Gouley), silver	no.	1	
Endoscopes (Klotz), silver	no.	3	
Forceps, lithotomy	no.	1	
Forceps, meatus	no.	1	
Forceps, urethral, curved (Thompson)	no.	1	
Forceps, urethral, straight (Thompson), no		1	
Gauge, metric (Thomas)	no.	1	
Gauge, steel (Handerson)	no.	1	
Guide, prostatic (Otis)	no.	1	
Guide, whalebone (Otis)	no.	1	
Irrigators, urethral, curved and straight (Keller)	no.	1	
Needles, varicocele (Keyes-Reverdin)	no.	2	
Nozzle, irrigating (Keefer)	no.	1	
Searcher (Thompson)	no.	1	
Sounds, steel (Van Buren), alternate numbers from 10 to 32, metric	no.	12	
Sounds, steel, straight	no.	1	
Sounds, tunneled (Gouley)	no.	1	
Syringe, deep urethral (Keyes), silver	no.	1	

F. *Classification and contents of cases referred to in supply table*—Continued.

CASE—SURGICAL INSTRUMENT CABINET—Continued.

DRAWER NO. 4—GENITO-URINARY AND RECTAL—Continued.

Speculum, rectal (Sims)	no.. 1	Trocar, hydrocele	no.. 1
Speculum, rectal (Williams)	no.. 1	Urethrotome, dilating (Otis), straight, two blades	no.. 1
Staff, Lithotomy (Little)	no.. 1	Urethrotome (Maissonneuve), No. 8, metric, two blades, filiform bougie and extra tunneled tip	no.. 1
Staff and catheter (Gouley)	no.. 1		
Tenaculum (Gouley)	no.. 1		
Tenotome, probe-pointed, for meatus.	no.. 1		

DRAWER NO. 5—DENTAL AND MISCELLANEOUS.

Aspirator and injector	no.. 1	Forceps, molar, upper, left (Harris) ..	no.. 1
Burs, round, for holder, Nos. 4, 5, and 7, no..	3	Forceps, molar, upper, right (Harris).	no.. 1
Drills, flat spear point, for holder, Nos. 101, 103, and 105	no.. 3	Gutta-percha pellets, ¼-ounce	box.. 1
Elevators, Nos. 8 and 9	no.. 2	Gutta-percha pluggers, Nos. 47 and 49,	no.. 2
Elevators, right and left (canine)	no.. 2	Holder, engine bit, hand, revolving, universal (White)	no.. 1
Excavators, octagon handles, Nos. 5, 6, 25, and 26	no.. 4	Inhaler, ether, metal (Allis)	no.. 1
Forceps, alveolar, half curved (Parmly), No. 39	no.. 1	Inhaler, chloroform (Esmarch)	no.. 1
Forceps, alveolar, lower, for either side (Parmly), No. 52	no.. 1	Lancet, gum	no.. 1
Forceps, bicuspid, upper (Kell), No. 99.	no.. 1	Probes, bullet, and attachments (Girdner), with chloride of silver cell	case.. 1
Forceps, molar, lower, for either side (Harris), No. 15	no.. 1	Sphygmograph (Dudgeon)	no.. 1
Forceps, molar, lower, for either side (Wolverton), No. 60	no.. 1	Syringe, exploring	no.. 1

CASE—THROAT AND NOSE.

[In mahogany case with leather cover.]

Brushes, with one brush holder	no.. 6	Scalpel, tracheotomy, probe-pointed ..	no.. 1
Canula (Bellocq), plugging nares	no.. 1	Scalpel, tracheotomy, sharp-pointed ..	no.. 1
Forceps, œsophageal, spiral (Tiemann), no	1	Scissors, uvula, with claws	no.. 1
Forceps, polypus, nasal	no.. 1	Snare, nasal polypus, angular (Bosworth), no	1
Handle, laryngoscopic mirror	no.. 1	Speculum, nasal (Bosworth)	no.. 1
Mirror, 3½-inch, with headband	no.. 1	Speculum, nasal (Collins)	no.. 1
Mirrors, laryngoscopic	no.. 3	Sponge holder, laryngeal	no.. 1
Probang, bristle	no.. 1	Tongue depressor (Jackson)	no.. 1
Probang, plain	no.. 1	Tonsilotome, two blades (Tiemann) ...	no.. 1
Retractors, tracheotomy	no.. 2	Trachea tubes, silver	no.. 2

CASE—VENEREAL.

[Metal case with removable racks.]

Bistoury, curved, sharp	no.. 1	Forceps, meatus	no.. 1
Bistoury, straight	no.. 1	Probe, silver	no.. 1
Catheter and caustic case combined, silver, no	1	Scalpel	no.. 1
Director, grooved	no.. 1	Scissors	no.. 1
Forceps, dissecting	no.. 1	Syringe, hypodermic, large, two exploring needles additional	no.. 1
Forceps, dressing	no.. 1		

F. *Classification and contents of cases referred to in supply table*—Continued.

HOSPITAL CORPS POUCH, LARGE.

Ammon. sp. arom., in flask with cup	c. c.	60	
Bandages, gauze, sterilized	no.	6	
Case, pocket	no.	1	
Chloroform in case	gm.	100	
Catheter, Eng. rubber in box	no.	1	
Diagnosis tags, and pencil	book.	1	
First-aid packets	no.	8	
Gauze, sublimathed, eight half-meter lengths	pkgs.	4	
Jackknife with saw blade	no.	1	
Ligatures, catgut, sterilized, three sizes,	pkgs.	6	
Ligatures, silk, sterilized, three sizes, pkgs		6	
Mist. chloroformi et opii, in case, fluid or tablets	c. c.	30	
Pins, common and safety, of each	paper.	1	
Plaster, adhesive	spool.	1	
Rubber bandage	no.	1	
Scissors	no.	1	
Splints, wire gauze for, in roll	meter.	1	
Syringe, hypodermic	no.	1	

HOSPITAL CORPS POUCH, SMALL.

Ammon. sp. arom., in flask with cup	c. c.	60	
Bandages, gauze, sterilized	no.	6	
Case, containing pins, common and safety, scissors and dressing forceps	no.	1	
First-aid packets	no.	8	
Jackknife with saw blade	no.	1	
Plaster, adhesive	spool.	1	
Rubber bandage	no.	1	
Splints, wire gauze for, in roll	meter.	1	

MICROSCOPE AND ACCESSORIES.

[In cherry-wood case, with handle, lock, and extra hood and post fastenings.]

Folding microscope, with $\frac{2}{3}$ and $\frac{1}{6}$ inch (N. A. O. 75) and $\frac{1}{12}$ inch objectives, 1 inch and 2 inch eyepieces, triple nose piece, Abbe condenser with iris mounting	no.	1	
Mechanical stage	no.	1	
Steward's forceps	no.	3	
Forceps, nickel-plated, with fine points, no		2	
Syracuse watch glasses	no.	.6	
Glass slides	doz.	12	
Glass slides, concave	doz.	1	
Circles, $\frac{1}{2}$-inch, No. 1	oz.	$\frac{1}{4}$	
Squares, $\frac{1}{2}$-inch, No. 1	oz.	$\frac{1}{4}$	
Book label	no.	1	
Talquist hæmoglobinometer	no.	1	
Thoma-Zeiss hæmacytometer	no.	1	
Alcohol lamp	no.	1	
Platinum needles	no.	2	
Japanese lens paper	pkg.	1	
Filter papers, white, square, 9-cm	no.	500	
Chamois skin	no.	1	
Canada balsam	tubes.	2	
Anilin oil	c. c.	50	
Cedar oil, immersion, Zeiss	c. c.	25	
Xylol	c. c.	100	
Eosin, yellow	gm.	10	
Bismarck brown	gm.	10	
Basic fuchsin	gm.	20	
Acid fuchsin	gm.	20	
Methyl green	gm.	10	
Orange G	gm.	10	
Methylene blue	gm.	30	
Thionin	gm.	10	
Gentian violet	gm.	10	
Polished hard-wood case for accessories, no		1	
Blue wax pencil	no.	1	
Hæmatoxylin	gm.	10	
Disk micrometer	no.	1	

TEST CASE.

CHEMICALS.

Chlorinated lime	gm.	150	
Sodium hydrate (stick)	gm.	50	
Silver nitrate, c. p., cryst	gm.	25	
Copper sulphate, c. p., granulated	gm.	50	
Potassium ferrocyanide	gm.	25	
Barium chloride, c. p	gm.	10	
Sodium acetate	gm.	30	
Picric acid	gm.	10	
Potassium permanganate, c. p	gm.	50	
Oxalic acid, c. p	gm.	50	
Ammonium oxalate	gm.	25	
Calcium chloride, granulated anhydrous, gm		50	
Sodium nitrite	gm.	10	
Resorcin	gm.	5	
Potassium chromate	gm.	30	
Methyl orange	gm.	5	
Phenolphthalein	gm.	5	

F. *Classification and contents of cases referred to in supply table*—Continued.

TEST CASE—Continued.

CHEMICALS—Continued.

Sulphanilic acid.....gm..	5	Dimethyl-amido-azo-benzole.....gm..	10
Naphtylamine hydrochloride.....gm..	5	Alizarin.....gm..	5
Phloro glucin.....gm..	5	Congo red.....gm..	5
Vanillin.....gm..	5		

APPARATUS.

Centrifuge, Bausch & Lomb, No. 8540..no..	1	Beakers (2½ to 10 ounces capacity)....no..	4
Water bath (5 inches in diameter, without tripod).....no..	1	Petri dishes.....no..	6
Urinometer (Squibb's).....no..	1	Fermentation tubes.....no..	3
Thermometer, chemical (graduated 150° C.).....no..	1	Filter papers (5 inches diameter, S. & S. disks).....pkg..	1
Esbach's albuminometer.....no..	1	Hardened filters, 9 cm.....pkg..	1
Graduated cylinders (one 50 c. c. and one 500 c. c.).....no..	2	Litmus paper (red and blue).....tubes..	2
Burette (50 c. c. in $\frac{1}{10}$ glass stopcock)..no..	1	Watch glasses.....no..	3
Pipettes (two 1 c. c. in $\frac{1}{100}$, one 5 c. c., one 10 c. c., and one 25 c. c.).....no..	4	Glass tubing, small, assorted.....gm..	100
Alcohol lamp (4 ounces capacity)....no..	1	Urea apparatus.....no..	1
Erlenmeyer flasks (4 and 8 ounces capacity).....no..	2	Consisting of— 2 150-c. c. salt-mouth bottles. 2 rubber stoppers to fit the above (one perforated with 1 hole and two with 2 holes). 3 feet rubber tubing $\frac{5}{32}$ inch diameter. 2 test tubes 8 cm. long. 100 gm. glass rods, small, 20 cm. long.	
Test tubes (15 x 150 m. m.).....no..	12		
Urine glasses (conical, one 30 c. c., one 100 c. c.).....no..	2		
Funnels, glass (2 and 3 inches in diameter, no.....no..	2		

VISION TEST SET.

[In canvas-covered tin box.]

Color vision, Report of Committee of Royal Society on (Vol. LI, No. 311).no..	1	Test letters on cardboard (Snellen), set of 3.....set..	1
Colored worsteds, Holmgren's series..set..	1	Confusion colors.....card..	1
Test figures on cardboard (Snellen)..set..	1		

SPLINT CASE.

Adjustable, angular (Levis).....no..	1	Forearm, combined right and left (Levis), no.....no..	2
Clavicle (Levis).....no..	1	Maxillary, inferior, felt.....no..	1
Dressing, wood, 5 in set.....set..	1	Radius, right and left (Levis).....no..	2
Elbow, right and left, felt.....no..	2	Shoulder cap, felt.....no..	1
Extension and suspension, combined (Levis).....no..	1	Tibia and fibula, posterior (Levis)...no..	2
Fibula posterior, right and left, felt..no..	2	Gauze, wire.....pieces..	6

BATTERY ACCESSORIES.[a]

Electrodes, sponge.....no..	2	Needles, curved, steel, insulated.....no..	2
Electrode, sponge, flat, 3 x 5 inches...no..	1	Needles, straight, steel, insulated.....no..	2
Electrode, urethral, inflexible, insulated, no.....no..	1	Olives, alternate numbers from 10 to 32, inclusive, French.....no..	12
Handles, hard rubber, universal, with current breaker.....no..	2	Rheostat, hard rubber, water.....no..	1
Holders, needle, interrupted.....no..	2		

[a] In drawer of galvanic battery case.

CHAPTER XVIII.

WEIGHTS AND MEASURES.

A. *Laws authorizing their employment.*

I. Use of metric system authorized.—Sec. 3569, R. S.

II. Authorized tables of weights and measures.—Sec. 3570, R. S.

B. *Tabular statement of the metric system.*

I. The following table represents the several denominations of the metric system, authorized by sections 3569 and 3570, Revised Statutes; also their equivalent values in English weights and measures:

(a) MEASURES OF LENGTH.

Denominations.	Abbreviations.	Values.	Equivalents.
Myria-meter	Mm...	10,000. meters	6.21382 miles.
Kilo-meter	Km...	1,000. meters	0.6213 miles.
Hecto-meter	Hm...	100. meters	328.08964 feet.
Deka-meter	Dm...	10. meters	32.8089 feet.
Meter	m	1. meter	3.2808 feet.
Deci-meter	dm ...	.1 meter	3.9371 inches.
Centi-meter	cm....	.01 meter	0.3937 inch.
Milli-meter	mm...	.001 meter	0.03937 inch.

(b) MEASURES OF SURFACE.

Denominations.	Abbreviations.	Values.	Equivalents.
Hect-are	Ha ...	1 sq. hectometer=10,000 sq. meters...	2.471 acres.
Are	a	1 sq. dekameter = 100 sq. meters...	119.603 sq. yards.
Cent-are	ca	1 sq. meter....	10.7643 sq. feet.

(c) WEIGHTS.

Denominations.	Abbreviations.	Values.	Equivalent avoirdupois.	Equivalent apothecary's.
Metric ton	MT ...	1,000,000. grams.	0.9844 ton.....	
Quintal	Q	100,000. grams.	220.46 pounds...	267.92273 pounds.
Myria-gram	Mg ...	10,000. grams.	22.0462 pounds...	26.79227 pounds.
Kilo-gram	Kg....	1,000. grams.	2.2046 pounds...	2.67923 pounds.
Hecto-gram	Hg....	100. grams.	3.5274 ounces ...	3.21507 ounces.
Deka-gram	Dg....	10. grams.	5.643 drachm ..	2.572 drachms.
Gram	g	1. gram..	0.564 drachm ..	15.43235 grains.
Deci-gram	dg	.1 gram..	.....	1.5432 grains.
Centi-gram	cg	.01 gram..	.....	0.1543 grain.
Milli-gram	mg ...	.001 gram..	.....	0.0154 grain.

(d) MEASURES OF CAPACITY.

Denominations.	Abbreviations.	Values.	Equivalent dry measure.	Equivalent wine measure.
Kilo-liter or Ster..	Kl or St.	1 cu. meter=1,000 cu. dm..	35.3165 cu. feet....	264.17 gallons.
Hecto-liter.....	Hl.....	100 cu. dm..	2.8374 bushels....	26.417 gallons.
Deka-liter.....	Dl	10 cu. dm..	1.1349 pecks	2.647 gallons.
Liter.....	l.....	1,000 c. c. = 1 cu. dm..	0.908 quart	1.054 quarts.
Deci-liter	dl.....	100 c. c	6.1022 cu. inches.	0.845 gill.
Centi-liter	cl.....	10 c. c	0.6102 cu. inch...	2.704 flu. dms.
Milli-liter.....	ml or c.c	1 cubic centimeter.....	0.061 cu. inch...	16.231 minims.

(e) METRIC EQUIVALENTS OF ENGLISH WEIGHTS AND MEASURES.

Measures.	Gallon.	Quart.	Pint.	Ounce.	Drachm.	Minim.
	Liters.	*Liters.*	*C. C.*	*C. C.*	*C. C.*	*C. C.*
United States wine.....	3.785	0.9465	473.25	29.57812	3.6927	.06162
Dry	4.403	1.10135	550.67	.....	.....	.....
Imperial	4.543	1.13586	567.93	28.3965	3.5495	.059159
Beer	4.617	1.15438	577.19	.....	.....	.....

Measures.	Pound.	Ounce.	Drachm.	Grain.
	Grams.	*Grams.*	*Grams.*	*Gram.*
Avoirdupois	453.59	28.34959	1.77185	.....
Apothecary and Troy.....	373.24	31.10349	3.88794	.0647989

C. *Instructions relating to the use of the metric system.*

I. All official prescriptions shall be written in the metric system.

II. The convention for the seventh decennial revision of the United States Pharmacopœia adopted at their meeting in May, 1890, the metric system as the official system of weights and measures for the Pharmacopœia.

III. The metric system has as its unit the meter, which is the ten-millionth part of the distance from the equator to the pole, measured on the arc of the meridian.

IV. The unit of length is the meter.
The unit of weight is the gram.
The unit of surface is the arc.
The unit of capacity is the liter.

Multiples of each unit are expressed by Greek prefixes—
Deka (from Deka) indicates 10 times the unit.
Hecto (from Ekaton) indicates 100 times the unit.
Kilo (from Kilias) indicates 1,000 times the unit.
Myria (from Murias) indicates 10,000 times the unit.

Subdivisions of each unit are expressed by Latin prefixes—
Deci (from Decem) indicates the 1/10 of the unit.
Centi (from Centum) indicates the 1/100 of the unit.
Milli (from Mille) indicates the 1/1,000 of the unit.

V. Metric equivalents of ordinary measures:

The meter is equal to about ..... 3 ft. $3\frac{3}{8}$ in., or 1′ yard.
The liter is equal to about ..... $33\frac{4}{5}$ oz., or 1′ quart.
The half-kilo is equal to about..... $17\frac{3}{5}$ oz., or 1′ pound.

The cubic centimeter, c. c., is equal to about	16½ minims.
The gram is equal to about	15½ grains.
The foot is equal to about	32 centimeters.
The ounce and fluid ounce are equal to about	32 grams, or 32 c. c.
The drachm and fluid drachm are equal to about	4 grams, or 4 c. c.
The grain and minim are equal to about	$\frac{1}{15}$ gram, or $\frac{1}{15}$ c. c.

A teaspoon may be considered as equivalent to	5 c. c.
A dessertspoon	10 c. c.
A tablespoon	20 c. c.
A wineglass	50 c. c.
A tumbler	250 c. c.

To convert English denominations into grams and centigrams—
Divide the number of grains by 15; or
Multiply the number of drachms by 4; or
Multiply the number of ounces by 32.

VI. The subdivisions of the gram are the decigram, centigram, and milligram. A gram is the weight of 1 cubic centimeter of distilled water at its maximum density (4° C.=39° F.) under the pressure of 1 atmosphere.

1 gram = the weight of 1 c. c. at 4° C.; should be written	1
1 decigram = 1/10 of a gram; should be written	.1
1 centigram = 1/100 of a gram; should be written	.01
1 milligram = 1/1000 of a gram; should be written	.001

VII. It is customary in all countries where the metric system is employed in prescribing to express all quantities, fluids as well as solids, by weight. The quantities in prescriptions, therefore, should be expressed in grams or in the decimal divisions of the gram.

VIII. In writing prescriptions Arabic numerals shall always be used and shall precede the abbreviations gm., c. c. In lieu of the decimal point a perpendicular line shall be used, thus:

	gm.
R—Potassii cyanid	0 | 05
Opii tinct. camph	16 | 00
Prun. Virg. ext. fld	32 | 00
Tolutani sirup	32 | 00
Acaciæ sirup	48 | 00
M.	
R—Hydrarg. chl. mit	0 | 1
Pepsinæ sacchar	10 | 00
Magnesiæ	5 | 00
M.	

In chart. X divid.

CHAPTER XIX.

SANITARY REGULATIONS—SANITARY REPORTS.

A. *Regulations relating to sanitary duties.*

(a) THE COMMANDER-IN-CHIEF.

I. Sanitary condition.—Art. 270, par. (7), N. R.
II. The clothing and bedding of the crew.—Art. 270, par. (10), N. R.
III. Special appliances for preserving the health of the crew.—Art. 270, par. (12), N. R.
IV. Inspection of hospitals.—Art. 271, N. R.
V. Report any infectious disease.—Art. 280 (e), N. R.
VI. The sanitary condition of the command.—Art. 280 (h, d), N. R.
VII. Precautions on unhealthy stations.—Art. 324, par. (1) (2), N. R.

(b) THE SURGEON OF THE FLEET.

I. Inspection of a ship.—Art. 372, par. (5), N. R.
II. Suggestions to flag officer.—Art. 372, par. (6), N. R.
III. Inspection of naval hospitals.—Art. 372, par. (7), N. R.

(c) THE CAPTAIN.

I. Health of crew.—Art. 20, par. (8), A. G. N., art. 392, par. (1), N. R.
II. Care of crew.—Art. 392, par. (1), N. R.
III. Cleanliness.—Art. 392, par. (3), N. R.
IV. Clothing.—Art. 392, par. (4), N. R.
V. Bedding.—Art. 392, par. (5), N. R.
VI. Food and water.—Art. 392, par. (6), N. R.
VII. Precautions as to health of crew.—Art. 392, par. (10), N. R.
VIII. Inflammable liquids and oils; explosives and other dangerous stores.—Art. 398, par. (10), N. R.
IX. Service on unhealthy stations.—Art. 493, N. R.
X. Effects destroyed to prevent spread of disease.—Art. 509, N. R.
XI. Clothing and personal effects of officers and men.—Art. 1456, par. (1), N. R.
XII. Liberty in unhealthy ports.—Art. 924, N. R.

(d) THE SENIOR MEDICAL OFFICER.

I. Vaccination.—Art. 690, N. R.
II. Contagious or infectious diseases.—Art. 696, N. R.
III. Health of the port.—Art. 697, N. R.
IV. Suggestions as to the sanitary condition of the personnel.—Art. 698, N. R.
V. Precautions upon suspecting the presence of disease.—Art. 699, N. R.
VI. To inspect the provisions for the crew.—Art. 707, N. R.
VII. Preparation of food.—Art. 708, N. R.
VIII. Testing water.—Art. 710, N. R.
IX. To examine food and drink offered for sale.—Art. 711, N. R.
X. To inspect cells and prisoners.—Art. 712, N. R.
XI. Inspection of holds.—Art. 713, N. R.

B. *Instructions relating to sanitary duties.*

(a) SANITARY INSTRUCTIONS AFLOAT.

I. Medical officers shall be held responsible for all recommendations relating to the sanitary and hygienic conditions of the ships to which they are attached, and in the performance of such duties they shall, subject to approval of the officer in command, be governed by the following instructions:

1. Strict attention should be paid to ship ventilation, and every care should be taken to utilize to the best advantage the methods provided for the proper supply and renewal of the air on board ship.

2. Only pure water should be allowed for drinking and culinary purposes, and harbor water should not be used for either purpose. In ports where cholera prevails either in a sporadic or in an epidemic form the use of harbor water on any of the decks should not be permitted.

3. Careful attention should be given to the supply of food, and in localities where it is known that night soil is commonly used for fertilizing purposes none of the vegetables ordinarily eaten uncooked should be permitted on board.

4. Clothing adapted to the climate should be worn, with prompt changes to meet varying conditions of weather. The wearing of white duck should be confined to days when the thermometer is not below 80° F. Seventy-five degrees Fahrenheit at 7 a. m. is suggested as a standard for prescribing clothing of white duck as the uniform of the day. Bathing over the ship's side should not be allowed when the water is below 70° F. Clothing that has been soiled and wet by prespiration should always be dried before being rolled up or stowed away.

5. Infected ports should be avoided when practicable. An anchorage in malarial and in infected ports should, whenever practicable, be selected to windward of and at a suitable distance from the probable sources of infection.

6. In the event of any contagious or infectious disease making its appearance amongst the personnel of the ship, all available means should be taken to prevent it from spreading.

7. Upon arrival in unhealthy ports information regarding the health of the neighborhood should be immediately obtained, and in the event of the prevalence of infectious disease such precautionary measures should be adopted as are consistent with the necessities of the ship and the exigencies of the service.

8. Should it be ascertained that the port or neighborhood is unhealthy on account of the prevalence of an infectious or contagious disease, the following precautionary measures should be adopted:

(a) Restriction of liberty on shore, either to certain hours or to the transaction of important personal business. If necessary all communication with the shore should be discontinued.

(b) Restriction of communication with the shore or other ships, either to market boat, mail boat, or chartered boat.

(c) Restriction of supplies (food, water, coal, and other stores), from the shore.

(d) Modification of standing orders or routine regarding drill, dress, diet, etc., for the crew, and the ventilation and purification of the ship or any of its parts.

(e) Control of any other conditions likely to affect the general health of the ship.

9. The crew shall be exposed as little as possible to the heat of the sun. At anchor in the Tropics, during the hot season, ship's boats, when lowered, must keep their awnings spread between the hours of 8 a. m. and 4 p. m., regardless of the disposition of the ship's awnings. This should not apply to cloudy weather, nor when high winds prevail.

10. In tropical climates the crew should not be directly exposed to the sun in the middle of the day, except for necessary work and exercises.

11. After sunset the crew should be required to dress in blue and remain under cover, and should be protected from inclement weather. When unavoidably exposed to rain, prompt shifting into dry clothing should be enforced.

12. In getting under weigh from unhealthy ports, the mud on the anchors and chains should be carefully removed.

13. Every person in the naval service should be afforded such protection from smallpox as is secured by vaccination, and in the event of the disease occurring on board, each person not successfully vaccinated during his enlistment should be revaccinated as soon as practicable, and it should be repeated until the medical officer is satisfied that he is protected.

14. All ships cruising in the Tropics, and particularly in latitudes where yellow fever and malaria usually prevail, should be provided with an ample supply of mosquito netting, and under no circumstances shall camping parties be sent from the ship without being furnished with such protection.

15. Whenever a contagious or infectious disease appears on board ship every precautionary measure consistent with the necessities of the ship and the exigencies of the service should be adopted to prevent its development in an epidemic form.

16. Whenever cholera, yellow fever, smallpox, or other virulent infectious disease appears on board ship the following measures should be carried out:

(a) The prompt removal of the patient or patients to a hospital whenever such removal is possible.

(b) The isolation on board ship of those affected, suspected, or who have been specially exposed.

(c) The prompt disinfection of the apartments occupied by the patient; also the disinfection of the bedding, clothing, and any other articles that may be deemed necessary or desirable, and the investigation and removal of any local cause.

(d) When the disease is cholera or yellow fever the ship, if in an unhealthy port, should leave as soon as practicable and measures should be instituted for the thorough disinfection of the ship.

(e) When yellow fever appears on board ship the patient or patients should be thoroughly screened with mosquito netting, and measures taken at once for the extermination of all mosquitoes on board. The disinfection of the bedding and clothing of yellow-fever patients and of the apartments where taken sick is not deemed necessary, except for the purpose of destroying any mosquitoes which may infest the locality in which they have been under treatment or may possibly exist in their personal effects.

17. Whenever, in the opinion of the medical officer, it becomes necessary to disinfect the ship the following measures should be adopted:

(a) Mattresses and all other articles which have been exposed to infection, and which from their nature are difficult of sterilization, should be burned.

(b) The clothing and bedding of patients should be immersed in a solution of bichloride of mercury 1 to 1,000, or in a solution of carbolic acid 1 to 40.

(c) The excreta of all patients should be treated by the liberal addition of a 5 per cent aqueous solution of carbolic acid or by an aqueous solution of 4 per cent of chlorinated lime.

(d) The dead bodies of all patients should be enveloped, without previous washing, in sheets saturated with an acid aqueous solution of bichloride of mercury 1 to 500.

(e) All living spaces, holds, and other compartments should be disinfected by one or more of the following methods: (1) Spraying or washing all surfaces with the following solution: One part of bichloride of mercury, 2 parts of hydrochloric acid, and 1,000 parts of water; (2) expose to sulphur dioxide, set free by combustion of 5 pounds of sulphur for each 1,000 cubic feet of air space in the closed compartment,

for not less than twenty-four hours in metal ships, and from forty-eight to seventy-two hours in wooden ships, if practicable; (3) exposure to steam at a temperature of 212° F. (100° C.) for twenty minutes after such temperature is reached. When methods (1) and (2) are employed the latter should follow the former in metal ships in order that a requisite amount of moisture may be provided.

(f) All wearing apparel, carpets, hangings, and draperies should be treated by one of the following methods: (1) Exposure to steam 212° F. (100° C.) for twenty minutes; (2) saturation in a solution of bichloride of mercury 1 to 1000.

(g) Articles to which the methods mentioned under (f) are inapplicable should be (1) exposed to sulphur fumigation. In the case of uniforms where this process might cause injury to the clothing, they should be (2) exposed to the action of a solution of formaldehyde 40 per cent, or to the action of formaldehyde gas. Should a solution of formaldehyde be used it should be applied on clothes between the layers of clothing, which should remain closely covered for twelve hours in a closed compartment. Such articles should then be thoroughly aired and exposed to sunlight, and should be carefully brushed before being stowed away.

18. (a) As a means of preventing the spread of disease on board ship, the scuttle-butt cup should be kept submerged in a solution of formaldehyde (1–2500). A metallic bucket, painted white, with a Geneva cross, should be attached to the scuttle butt for this purpose.

(b) Medical officers should see that the bucket is kept properly filled, and should be held responsible for its cleanliness and frequent sterilization. They should recommend to the commanding officer that the orderly stationed at the scuttle-butt be instructed to see that the cup is kept submerged in the solution when not in use.

19. As the harbor water of Malta has been demonstrated to be the most common source of Mediterranean fever on board ship, particularly when used for washing down decks, it should not be employed for this purpose.

(b) SANITARY INSTRUCTIONS FOR LANDING PARTIES.

I. Medical officers accompanying naval landing parties should be governed by the following instructions:

(a) *Camping sites.*—Camping sites should be selected by the officer in command of the encampment and upon the recommendation of the senior medical officer. Camps should be pitched on dry, elevated land, with natural drainage; remote from and to windward of marshes and, if possible, with hills and trees intervening. Tents should have their openings facing away from all marshy soil, and the cots of all officers and men should be provided with mosquito nets to be used as a protection against the spread of disease by means of insects.

(b) No site should be used as a camp or halting station that has previously been employed for similar purposes, if it can be avoided. Except in cases of urgent necessity neither the temporary nor permanent occupation of buildings should be allowed for quartering men.

(c) *Water supply.*—No water other than distilled should be used for drinking or cooking purposes, except after having been boiled for five minutes. Cooking utensils and dishes used to contain food should be washed in water that has been boiled. Water collected from streams and wells is always suspicious, and should be boiled before using, thus preventing the appearance of typhoid fever, malaria, and dysentery.

(d) Suitable clothing should be provided to meet probable vicissitudes of weather. The men should be sheltered from rain and night dews and from the direct rays of the sun. Under no circumstances should the men be allowed to sleep in wet clothing.

(e) The men should not be allowed to sleep on the bare ground nor without cover, nor should they be permitted to go in their bare feet. When exposed to a hot

sun the men should wear fresh green leaves, or handkerchiefs moistened with water, inside of their hats or caps. During the heat of the day only absolutely necessary work should be done.

(f) *Food.*—The food should be inspected before and after cooking, and the men should breakfast previous to any exposure, and as soon as practicable after turning out. The food should consist of the regular navy ration. Fruits which are ripe and sound and which are skinned or cooked before eating are not objectionable. Lime and lemon juice should be used freely. The use of any articles of diet not embraced in the navy ration should be allowed upon the recommendation of the medical officer. Meals should be served warm and at regular hours. The guard at night should have coffee and biscuit before going on duty, and this should also apply to their relief parties.

(g) The men should be cautioned against excessive fatigue, overcrowding, and exposure to humidity and abrupt changes of temperature.

(h) *Latrines.*—Latrines should be placed to leeward and below the camp and as far as practicable away from the water supply. Dry earth, sand, and copperas or lime shall be scattered over the contents of the pits every morning and evening.

(i) *Camp refuse.*—All refuse from the camp should be buried in pits. If this is impracticable, it should be deposited in a place selected for the purpose and destroyed by fire. All enteric and disenteric discharges should be burned or buried. The grounds and tents should be kept thoroughly clean, and should be inspected daily or oftener, if necessary, by the medical officer.

(j) *Quarantine.*—In the event of any contagious or infectious disease making its appearance in the neighborhood of the encampment, the camp should be placed in a state of quarantine against the natives and all other persons coming in from the infected locatity, and intercourse should be permitted only under special regulations.

(k) The senior medical officer of the encampment should cause to be made thorough inspections daily of all parts of the camp, and should report all violations or noncompliance with the sanitary instructions to the officer in command of the encampment.

C. *Regulations relating to sanitary reports.*

I. Sanitary report from shore stations.—Art. 1165, N. R.

II. Sanitary report, ship and station.—Art. 734, N. R.

III. Reports of epidemic or contagious diseases.—Art. 733, N. R.

D. *Instructions relating to sanitary reports.*

I. All medical officers in charge of departments, ashore and afloat (and this includes hospitals, navy-yards, stations, and ships in commission), are required by the United States Naval Regulations, articles 1165 and 734, to prepare and submit to the Bureau of Medicine and Surgery, on the 1st of January of each year, reports relating to all matters of sanitary and professional interest coming under their observation during the previous year.

II. The value of such reports depends primarily upon the accuracy of the professional data to which they relate, and secondly upon the systematic arrangement, and in the order of relative importance, of the several subjects embraced in such reports.

III. In the preparation of sanitary reports on hospitals, shore stations, and on ships, medical officers shall follow as far as practicable the scheme outlined below:

1. Climatic conditions and environments; cruising, sanitary features of hot and cold climates visited, hospital sites, etc.

2. Water supply; the ration; foods available in ports visited; disposition of excreta, sewage, and refuse; plumbing.

3. Ventilation, heating, lighting, air space, moisture.

4. Recruiting, physical condition of the personnel, drills, exercises, sports, and gymnastics.

5. Infectious diseases, venereal diseases, quarantine, disinfection, vaccination.

6. Health of the personnel and the actual and probable effects thereon of insanitary conditions.

7. Disposal of the dead.

8. Sanitary inspections, when made and by whom.

IV. *Recommendations.*—The practicability and possibility of carrying out recommendations in contemplation should be considered and a statement should be made as to whether or not these changes are considered immediate or remote necessities. Trifling or irrelevant suggestions should form no part of the report. Sanitary measures already in operation and working efficiently should be commented on.

V. The following details shall be given due consideration:

(a) SANITARY REPORTS RELATING TO SHORE STATIONS.

1. *Hospitals.*—Condition of hospital building, including administrative building, offices, wards, and building for the treatment of infectious diseases; repairs made and recommendations submitted as to contemplated improvements on any of the hospital buildings.

2. The topography of the hospital grounds, with suggestions and recommendations for their sanitary improvement.

3. The water supply, if satisfactory for all hospital purposes; provisions in case of fire, the drainage and sewerage systems employed, and methods for the disposal of garbage and excreta.

4. The heating, ventilation, lighting, and general sanitary arrangement of all buildings included in the hospital grounds, and any recommendations that may be deemed advisable for their improvement.

5. The operating room, whether constructed to meet modern surgical requirements; its equipment and fittings. The condition of the floors and walls of all hospital rooms and wards, and if supplied with sanitary furniture.

6. The dietetic appointments of the hospital, the quality of the food supply, the fuel supply, laundry, and sterilizing apparatus.

7. Methods for the transportation of the sick and injured, the kinds of stretchers used, ambulance service, and the regulations adopted by the hospital for such service.

8. The personnel of the hospital, including the hospital corps, watchmen, firemen, cooks, laundresses, attendants, etc. All recommendations relating to increased efficiency in the duties of the hospital corps.

9. Reports upon all operations performed during the year, and a general summary dealing with the treatment of disease.

10. Facilities provided by the hospital for the treatment of all cases of contagious disease.

11. Facilities afforded by the hospital for bacterial and chemical work.

12. Facilities for the disposal of the dead.

13. *Navy-yards and naval stations.*—Sanitary reports from navy-yards and naval stations shall include a general description of the grounds and buildings, with such sanitary suggestions and recommendations as may be deemed necessary for their improvement.

VI. When the information under any of the above headings has been fully reported upon, it will only be necessary to refer in subsequent reports to the dates when such details were originally furnished.

(*b*) SANITARY REPORTS RELATING TO SHIPS.

1. *The personnel.*—(a) Complement of officers and men; (b) percentage of sickness and mortality.

2. *Structural details of ship in its sanitary aspects.*—(a) Number of decks and number of men berthed on each deck; (b) cubic air space allowed each man; (c) ventilation, amount, means, defects, and remedies; (d) lighting, amount, means, defects, and remedies; (e) heating, amount, means, defects, and remedies; (f) water, source, composition, supply, and preservation; (g) sanitary fittings, water closets and urinals for officers and men; (h) bathing facilities, stationary and portable baths for officers and men.

3. *Navy ration.*—(a) Quality, preparation, and composition; (b) the general messing system; (c) ship's stores; (d) ice machine and refrigerating rooms; (e) location of the ship's galleys.

4. *Clothing.*—(a) Adaptability for different climates, its texture and durability; (b) ship's laundry, capacity and efficiency.

5. *Cells for prisoners.*—(a) Number and location; (b) cubic capacity, ventilation, heating, lighting, and sanitary policing of each cell.

6. *Medical and surgical supplies.*—(a) Quality and quantity.

7. *Facilities for the treatment of the sick.*—(a) Sick-bay—location, cubic capacity, number of berths, equipment and fittings, ventilation, lighting, and heating; (b) dispensary—location, cubic capacity, equipment and fittings, ventilation, heating, and lighting; (c) medical storeroom—location, capacity, ventilation, lighting, and arrangemeuts for storing surgical and medical supplies.

8. *Medical officer's station in battle.*—(a) Central station; (b) auxiliary stations; (c) arrangements for the care and transportation of the wounded.

9. *United States naval hospital corps.*—(a) Hospital corps drill; (b) instructions in first aid; (c) transportation of the wounded; (d) stretchers employed in handling the wounded.

10. *Climatology.*—(a) Direction and force of prevailing winds; (b) occurrence and duration of rain; (c) observations of meteorological phenomena in general.

11. General hygienic considerations and suggestions.

VII. Whenever the opportunity presents itself medical officers shall acquaint themselves with and shall submit to the Bureau of Medicine and Surgery all information of sanitary and professional interest pertaining to the administration of foreign naval medical establishments.

VIII. When cruising on foreign stations or in waters beyond the continental limits of the United States, medical officers shall prepare and submit to the Bureau of Medicine and Surgery, along with their annual reports, information upon the sanitary conditions of the various ports visited by the ship. Such reports shall include all attainable information on the following subjects:

1. *Location, population, and climate.*—(a) Latitude and longitude, general altitude above the sea level; (b) meteorological observations, including direction, velocity of the prevailing winds, records of the relative and absolute humidity, barometric conditions, and temperature records for specified periods of time; (c) drawing or tracing, if practicable, of the port or the city.

2. *Medical topography.*—(a) Character of surrounding country, undulating, hilly, mountainous, or low and marshy; (b) direction and distance of the nearest hills or mountains; (c) influences of the topographical features in the immediate vicinity upon the health conditions of the port; (d) area of the city or port on "mainland;" (e) streams of water or canals passing through the city or port, current, whether

rapid, moderate, slow, or sluggish; (f) portions of the city or port subject to overflow; if so, its bearing on the health of the port; (g) diseases attributable to the conditions of the soil or geographical formation.

3. *Water supply.*—(a) Source of water supply, stating whether there are any towns, villages, factories, or other sources of contamination located upon the river or stream above the point at which the water is collected; (b) the distance from which the water is brought, in what form of conduit, capacity of pipe, and number of reservoirs; (c) the processes, if any, that are used for filtering or purifying, other than that obtained by the settling in the reservoirs; (d) the average daily amount of water flowing into the reservoirs and the storage capacity of each reservoir; (e) the average daily amount for each inhabitant, and the amount of water stored in the reservoirs available in case of fire; (f) the quality of the water, including its physical, chemical, and bacteriological examination, the facilities possessed by the city or port for conducting such examination; (g) the use of cistern, well, or spring water; diseases, if any, attributable to such use.

4. *Drainage and sewerage.*—(a) The system of sewerage; (b) how constructed, methods adopted for keeping it free from obstruction; (c) proportion of the area of the city or port not sewered; (d) does the surface drainage pass into the sewers, and if so, is their capacity sufficient in heavy storms? (e) disposition of the sewage, how collected, how utilized; (f) the system or method by which the sewers are ventilated; (g) the methods of lighting the city or port, whether by gas or electricity.

5. *Hospitals.*—(a) The number of hospitals in the city or port, furnishing, if practicable, a tracing or drawing of each of them; (b) the location of each hospital, nature of soil, direction and character of drainage, shape and area of grounds, number of stories, number and size of wards, floors and cubic space for each bed, number of rooms and beds for pay patients, number of wards and beds for charity patients, accessibility for landing patients transferred from ships, regulations relating to admission of patients from men-of-war; (c) the heating, ventilation, and lighting, sanitary arrangements, protection in case of fire, and whether the building is fireproof; (d) the date, if practicable, when the hospital was erected, and whether constructed on the modern pavillion plan; (e) the operating room, paying special attention to its equipment and fittings; (f) quality and quantity of the food supply; (g) transportation of the sick and injured, kinds of stretchers used, whether the hospital is provided with elevators and ambulances, and the regulations relating to ambulance service; (h) management of the hospital, whether by trustees, municipal boards, religious orders, or under the control of medical men, method of appointment of the medical and surgical staff, and the manner of appointment and the number of hospital internes; (k) the nursing staff of the hospital, the number employed, and the rules relating to their duties; (l) all practicable data bearing upon the regulations pertaining to hospital management, and information dealing with the treatment of disease.

6. Information relating to health laws and regulations.

7. *Quarantine.*—Information relating to national, State, or municipal laws or regulations, furnishing copies, if practicable, of all such laws, ordinances, and regulations.

CHAPTER XX.

Section I.—QUARANTINE—BILLS OF HEALTH.

A. *Laws relating to quarantine and bills of health.*

I. The public health.—Sections 4792–4800, R. S.

II. Vessels from foreign ports not to enter in violation of this act or State health laws.—Act February 15, 1893.

III. Permanent appropriation for preventing epidemics, to be expended in discretion of President.—Act March 3, 1893.

IV. Bills of health to be obtained from consul.—Act August 18, 1894.

V. Quarantine service, punishment, etc., upon quarantine grounds.—Act August 1, 1888.

VI. Quarantine stations established.—Act March 5, 1888.

VII. Contagious diseases. To prevent the spread of, from one State to another, etc.—Act March 27, 1890.

VIII. Additional quarantine powers and additional duties upon the Marine-Hospital Service.—Act March 3, 1901, amending Act February 15, 1893.

B. *Regulations relating to quarantine and bills of health.*

I. Commanding officer to cause bill of health to be procured.—Art. 409, N. R.

II. Bill of health to be procured by medical officer.—Art. 732, pars. (1), (2), N. R.

III. Quarantine regulations to be always complied with.—Art. 1643, pars. (1), (2), (3), N. R.

IV. Duty of captain when infectious disease exists.—Art. 1644, pars. (1), (2), (3), N. R.

V. Caution in regard to boarding vessels.—Art. 1645, pars. (1), (2), (3), N. R.

C. *Instructions relating to quarantine and bills of health.*

I. The Public Health and Marine-Hospital Service recognizes as quarantinable the following diseases:

(a) Cholera, period of incubation, five days.
(b) Yellow fever, period of incubation, five or six days.
(c) Smallpox, period of incubation, fourteen days.
(d) Typhus fever, period of incubation, twelve days.
(e) Plague, period of incubation, seven days.
(f) Leprosy ————————.

II. Vessels of the Navy may be granted the hereinafter-stated exemptions from quarantine regulations, but are subject to quarantine inspection upon arrival at a port of the United States.

III. The certificates of the medical officers of the Navy as to the sanitary history and condition of a vessel and its personnel may be accepted for naval vessels by the quarantine officer boarding the vessel in lieu of an actual inspection.

IV. Vessels of the Navy having entered the harbors of infected ports, but having held no communication which is liable to convey infection, may be exempted from the disinfection and detention imposed on merchant vessels from such ports. (Extract, Public Health and Marine-Hospital Service Regulations, April 1, 1903.)

V. On entering port, in addition to the bill of health, the senior medical officer of the ship shall be prepared to furnish the quarantine officer, if required, with a statement relative to the health conditions prevailing on board ship.

Section II.—DISINFECTANTS AND THEIR APPLICATION IN DISINFECTION.

I. Medical officers shall be governed by the following information and instructions relating to disinfectants and their employment:

A. *Physical disinfectants.*

I. *Burning.*—Of unquestioned efficiency, but seldom required.

II. *Boiling.*—Very efficient and of wide range of applicability. The articles must be wholly immersed for not less than thirty minutes in water actually boiling (100° C.). The addition of 1 per cent of carbonate of soda renders the process applicable to polished steel, cutting instruments, or tools.

III. *Steam*—

(a) Flowing steam (not under pressure). Flowing steam (not under pressure) when applied under suitable conditions is an efficient disinfecting agent. The exposure must be continued thirty minutes after the temperature has reached 100° C.

(b) Steam under pressure without vacuum. Steam under pressure will sterilize, provided the process is continued twenty minutes after the pressure reaches 15 pounds per square inch. The air must be expelled from the apparatus at the beginning of the process. If impracticable to obtain the designated pressure, a correspondingly longer exposure will accomplish the same result.

(c) Steam under pressure with vacuum. The best method of applying steam under pressure is to apply it in a special apparatus with vacuum attachment, the object of the vacuum apparatus being to expel the air and to promote the penetration of the steam. The process is to be continued for twenty minutes after the pressure reaches 10 pounds to the square inch.

B. *Gaseous disinfectants.*

IV. *Sulphur dioxide.*—Sulphur dioxide is efficient, but requires the presence of moisture. It is only a surface disinfectant and is lacking in penetrating properties. An atmosphere containing 4.5 per cent can be obtained by burning 5 pounds of sulphur per 1,000 cubic feet of space. This amount requires the evaporation or volatilization of about 1 pint of water. Under these conditions the time of exposure should be not less than twenty-four hours for bacterial infections. A shorter time will suffice for fumigation necessary to kill mosquitoes and other vermin.

V. The sulphur may be burned in shallow iron pots (Dutch ovens), containing not more than 30 pounds of sulphur for each pot, and the pots should stand in vessels of water. The sulphur pots should be elevated from the bottom of the compartment to be disinfected in order to obtain the maximum possible percentage of combustion of sulphur. The sulphur should be in a state of fine division, and ignition is best accomplished with alcohol (special care being taken with this method to prevent damage to cargo or vessel by fire), or the sulphur may be burned in a special furnace, the sulphur dioxide being distributed by a power fan. This method is peculiarly applicable to cargo vessels.

VI. Liquefied sulphur dioxide may be used for disinfection in place of sulphur dioxide generated as above, it being borne in mind that this process will require 2 pounds of the liquefied gas for each pound of sulphur, as indicated in the above paragraphs.

VII. Sulphur dioxide is especially applicable to the holds of vessels or to apartments that may be tightly closed and that do not contain objects that would be

injured by gas. Sulphur dioxide bleaches fabrics or materials dyed with vegetable or aniline dyes. It destroys linen or cotton goods by rotting the fiber through the agency of the acids formed. It injures most metals. It is promptly destructive of all forms of animal life. This property renders it a valuable agent for the extermination of rats, insects, and other vermin.

VIII. Formaldehyde is effective if applied by one of the methods given below. Formaldehyde gas has the advantage as a disinfectant that it does not injure fabrics or most colors. It is not poisonous to the higher forms of animal life. It fails to kill vermin such as rats, mice, roaches, bedbugs, etc. The method is not applicable to the holds of large vessels. Formaldehyde is applicable to the disinfection of rooms, clothing, and fabrics, but should not be depended upon for bedding, upholstered furniture, and the like, when deep penetration is required.[a]

IX. Many formaldehyde solutions do not contain 40 per cent of formaldehyde, and all are apt to deteriorate with time. It is therefore necessary to use a quantity in excess of the amount prescribed in these regulations, unless the solution has been recently analyzed.

X. The following methods of evolving the gas may be used:

(a) Autoclave under pressure, 3 to 12 hours' exposure.
(b) Lamp or generator, 6 to 18 hours' exposure.
(c) Spraying, 12 to 24 hours' exposure.
(d) Formaldehyde and dry heat in partial vacuum, 1 hour's exposure.

XI. The minimum exposure as given above applies to empty rooms of tight construction containing smooth, hard surfaces, the maximum exposure applying in all cases to textiles and other articles of a similar kind requiring more or less penetration.

XII. *Autoclave under pressure.*—This method has considerable penetrating power when applied as detailed below. Rooms or apartments need no special preparation beyond the ordinary closing of doors and windows. Pasting, calking, or chinking of ordinary cracks and crevices is not necessary. The doors of lockers and closets and the drawers of bureaus should be opened. In this apparatus use formalin (40 per cent), with the addition of a neutral salt, such as calcium chloride (20 per cent). The gas must be evolved under a pressure of not less than 45 pounds.

After the gas is separated from its watery solution the pressure may be allowed to fall and steam projected into the compartment to supply the necessary moisture. Use not less than 10 ounces of formalin per 1,000 cubic feet, and keep the room closed for three to twelve hours after the completion of the process. For large rooms the gas must be introduced at several points as far apart as possible. It is applicable to the disinfection of clothing and fabrics suspended loosely in such a manner that the gas is freely accessible to every article from all directions.

XIII. *Lamp or generator.*—This method requires an apparatus producing formaldehyde by a partial oxidation of wood alcohol, and in using it the room or apartment should be rendered as tight as practicable. Oxidize 24 ounces of wood alcohol per 1,000 cubic feet, and keep the room closed for six or eight hours, in accordance with the provisions of paragraph 10. This method leaves little or no odor. When applied to clothing and textiles the articles should be suspended in a tight room and so disposed as to permit free access of the gas. (See also par. 11.) The wood alcohol should be of 95 per cent strength and should not contain more than 5 per cent of acetone.

XIV. *Spraying.*—The formalin (40 per cent) should be sprayed on sheets suspended in the room in such a manner that the solution remains in small drops on the sheet. Spray not less than 10 ounces of formalin (40 per cent) for each 1,000

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[a] Formaldehyde disinfection is more efficient in warm, moist, or still weather than in cold, dry, or windy weather.

cubic feet. Used in this way a sheet will hold about 5 ounces without dripping or the drops running together. The room must be very tightly sealed in disinfecting with this process and kept closed not less than twelve hours. The method is limited to rooms or apartments not exceeding 2,000 cubic feet. The formalin may also be sprayed upon the walls, floors, and objects in the rooms.

XV. *Formaldehyde with dry heat in partial vacuum.*—This method has superior penetrating powers and is specially applicable to clothing and baggage. The requirements of this method are (1) dry heat, 60° C. sustained for one hour; (2) a vacuum of 15 inches; (3) formaldehyde evolved from a mixture of formalin with a neutral salt in an autoclave under pressure, using not less than 30 ounces of formalin (40 per cent) for 1,000 cubic feet, and (4) a total exposure under these combined conditions of one hour.

XVI. The stated times of exposure to sulphur dioxide and formaldehyde are sufficient to destroy bacterial infection due to nonspore-bearing organisms, provided that the infection is present on the surface. If the room is of peculiar construction, so as to impede the diffusion of the gas, or if the room is a dirty one, or if, on account of any other condition rendering the germicidal action of the gas more difficult, the time of exposure should be proportionately increased or supplanted by other methods.

C. *Chemical solutions.*

XVII. *Bichloride of mercury.*—Bichloride of mercury is a disinfectant of undoubted potency and wide range of applicability. It can not be depended upon to penetrate substances in the presence of albuminous matter. It should be used in solutions of 1 to 1,000. The solubility of bichloride of mercury may be increased by using sea water for the solution or by adding 2 parts per 1,000 of sodium or ammonium chloride to the water employed.

XVIII. *Carbolic acid.*—Carbolic acid in the strength of 5 per cent may be substituted for the bichloride of mercury, and should be employed in the disinfection of the cabins and living apartments of ships to obviate injurious action on polished metals, bright work, etc.

XIX. *Formalin.*—Formalin containing 40 per cent of formaldehyde may be used in a 5 per cent solution as a substitute for bichloride of mercury or carbolic acid and is useful for the disinfection of surfaces, dejecta, fabrics, and a great variety of objects, owing to its noninjurious character. Solutions of formaldehyde of the strengths indicated below may be used for the following purposes:

(a) (1–250) Destroys the most resistant microorganisms in one hour.

(b) (1–500) Employed for the irrigation of catheters, etc., and as a mouth wash.

(c) (1–250 and 1–200) A general disinfectant solution employed for washing the hands, instruments, etc., in surgical operations, spraying sick rooms, and as a deodorant.

(d) (1–100) Employed in lupus, psoriasis, and skin diseases.

D. *Application of disinfectants in disinfection.*

XX. Hold of iron vessels, empty, shall be disinfected by either—

(a) Sulphur dioxide generated by burning sulphur, 5 pounds per 1,000 cubic feet of air space, or liberated from 10 pounds of liquid sulphur dioxide, sufficient moisture being present in both cases; time of exposure, twenty-four hours. (See par. 4.)

(b) Washing with a solution of bichloride of mercury, 1-1,000.

XXI. Holds of wooden vessels, empty, shall be disinfected by—

(a) Sulphur dioxide in the manner prescribed above, followed by

(b) Washing with a solution of bichloride of mercury.

XXII. In the case of all vessels, both iron and wooden, when treated for yellow fever or plague infection, the first process shall be preliminary fumigation by sul-

phur dioxide in the manner previously stated in paragraphs 4 and 5, in order to insure the destruction of mosquitoes, rats, and other vermin.

XXIII. Holds of cargo vessels, when cargo can not be removed, shall be disinfected in so far as possible by sulphur dioxide not less than 4 per cent per volume strength, and where possible this should be generated from a furnace to minimize danger of fire in cargo.

XXIV. Living apartments, cabins, and forecastles of vessels shall be disinfected by one or more of the following methods:

(a) Sulphur dioxide, the destructive action of the gas on property being borne in mind.

(b) Formaldehyde gas.

(c) Washing with solution of bichloride of mercury, 1-1,000 or 5 per cent solution of formalin, or 5 per cent solution of carbolic acid, preference being given to carbolic acid for applicction to polished woods, bright-metals, and other objects injured by metallic salts.

XXV. The forecastle, steerage, and other living apartments in bad sanitary condition must be disinfected by method (a) followed by method (c).

XXVI. Mattresses, pillows, and heavy fabrics are to be disinfected by—

(a) Boiling.

(b) Flowing steam—i. e., steam not under pressure.

(c) Steam under pressure.

(d) Steam in a special apparatus with vacuum attachment.

XXVII. Clothing, fabrics, textiles, curtains, hangings, etc., may be treated by either of the above methods from (a) to (d), inclusive, as circumstances may demand, or by formaldehyde gas or sulphur dioxide where the article is of a character which will not be damaged by sulphur dioxide.

XXVIII. Articles injured by steam, such as leather, furs, skins, rubber, trunks, valises, hats and caps, bound books, silks, and fine woolens should not be disinfected by steam. Such articles should be disinfected by formaldehyde gas or any of the agents allowed in these regulations which may be applicable thereto. Those which will be injured by wetting should be disinfected by a gaseous agent.

XXIX. Clothing, textiles, and baggage, clean and in good condition, but suspected of infection, can be efficiently and least injuriously disinfected by formaldehyde gas, generated by one of the methods prescribed in paragraph 10, (a), (b), or (d).

XXX. Textiles which are soiled with discharges of the sick or presumably are deeply infected, must be disinfected by—

(a) Boiling.

(b) Steam.

(c) Immersion in one of the germicidal solutions.

XXXI. Cooking and eating utensils are always to be disinfected by immersion in boiling water or by steam. (Public Health and Marine-Hospital Instructions, 1903.)

CHAPTER XXI.

MEDICAL DEPARTMENT IN BATTLE.

Section L.—ABOARD SHIP.

I. *Organization.*—(1) A definite plan for the organization of the medical department in battle can not be laid down for each ship, as those of different classes vary materially in the arrangement of their batteries and the protection afforded officers and men, as well as in many other details.

(2) The organization of the medical department, showing all dispositions to be made under battle conditions, should, however, be worked out for each ship as soon after going into commission as practicable, and should provide for relief stations and surgeons' dressing stations, as described below.

II. *Duties of the hospital corps.*—As the most important duties of the medical officers and members of the hospital corps are performed when the action is over, they should avoid exposing themselves unnecessarily, as they can not be replaced on board ship.

See "Notes on first aid" in "The landing force and small-arm instructions, 1905."

III. *Relief stations.*—(1) Relief stations should be established at various protected points about the ship, in the neighborhood of and accessible to the men who are most exposed.

(2) These stations should be manned by men who have been carefully trained in applying first aid in the case of shell wounds, etc. These men should report to the senior medical officer and should, if possible, be specially detailed for these stations and have no other duties to perform in action; but in case the complement will not permit this, they should be drawn from the stations from which they can be spared. In no case, however, where it is possible to avoid it, should they be members of main or intermediate battery gun crews, either on engaged or unengaged sides. At least four men should be assigned to each relief station.

(3) During a battle the members of the relief-station crews will constantly visit the various accessible portions of the ship in their vicinity where wounded men are likely to be found and will remove the wounded to the relief stations. They will, if possible, administer "first aid" before transporting the wounded men to the relief station.

(4) The wounded men are laid to one side by members of the gun crew. It is desirable, if possible, to remove them entirely clear of the gun crew, not only for their own protection, but also to avoid the demoralizing effect that the presence of the wounded often has on others.

(5) In turrets, and at other inaccessible points, first aid will be given by members of the gun crew who have laid the wounded to one side. It will probably be impracticable to remove such men to the relief or dressing stations until after the engagement; and it will also probably be impracticable for the members of the relief station crews to visit such men during the action.

(6) In order to save the wounded men from grave wound poisoning, their wounds should be dressed as promptly as possible. It is to this end that the relief stations are established, since it will probably be impracticable, except in the most serious cases, to carry the wounded below to the surgeon's dressing station during an action.

In case, however, a life may be saved by an immediate operation, the members of the relief station crews will transport the man to the surgeon's dressing station without delay.

(7) A hospital corps man or, in case there are more than two medical officers, a junior medical officer should visit the different relief stations from time to time during the action to see that they are satisfactorily equipped and that the wounded are being properly cared for.

(8) As soon as the action is over the wounded should be removed from the relief stations to the surgeon's dressing stations or to the operating room by men detailed for that purpose. The medical officers and hospital corps men should, if possible, see that the men are properly prepared for transport.

IV. *The dressing station.*—(1) The surgeon's dressing station should be easy of access from all parts of the ship; should have an abundant supply of water close at hand; should be behind armor or other protection, if possible, and should be well lighted, well ventilated, and as cool as the circumstances will permit. As a rule, the dressing stations in a battle ship should be located behind the armor belt. It may be advisable to establish two dressing stations, so that the surgeons can go from one to the other, work being prepared at one while the other is in use.

(2) The station of the senior surgeon during action will, as a rule, be at one of the dressing stations, where he will provide the necessary equipment for important surgical operations and dressings.

V. *Operating room.*—The ship's operating room, which will usually adjoin the sick bay, may be made use of after the action to supplement the dressing stations. The operating room on ships so provided will not be used at general quarters, but the relief stations and one or more dressing stations will always be equipped at this drill.

VI. *Transportation of wounded.*—Properly fitted cots or stretchers will, when necessary, be prepared by the medical department for lowering the wounded, by means of whips or tackles (rigged by the deck force or by members of the deck force temporarily assigned to the medical department), to the dressing stations below, but such appliances being slow and cumbersome and constantly liable to disablement, will be used only in case the ship is not supplied with more efficient devices, so designed as to facilitate transporting wounded men by hand, directly from the relief stations to the most convenient hatch, down which they will be lowered or passed by hand to the decks below, thus accomplishing this important duty with greater certainty and rapidity.

VII. *General quarters*, being but an exercise simulating action, in so far as it is possible to do so, the surgeon will seize this opportunity to instruct the crews of the dressing stations, and particularly the relief stations, in their duties in action, and to drill them in the prompt and proper performance thereof, assuring him that all members of the relief crew are competent efficiently to administer first aid; that they understand their station and the limits of the ship assigned to them, and that they are efficient in the performance of the duties which will be required of them. In general, he will avail himself of this exercise to drill and perfect the personnel of the medical department, and those temporarily assigned thereto, in all duties necessary in battle.

VIII. *The galley.*—Immediately after an engagement, the galley and bakery should be placed at the disposition of the medical officers. They will require hot water in abundance, and dressings and instruments will have to be baked and boiled repeatedly to prevent wound poisoning.

IX. *The hospital ship.*—When there is a hospital ship close at hand, the wounded should be transferred to her as promptly as is consistent with their welfare. A fighting ship should be cleared of wounded as soon as possible after an action, in order that she may be made ready again to engage in battle. (Ship and Gun Drills, United States Navy, 1905.)

Section II.—ON SHORE.

X. *The brigade surgeon* shall prepare for the brigade commander such hygienic and hospital regulations as may be required, and shall submit such recommendations as he may deem necessary for the preservation of health. He shall advise the brigade commander regarding the organization of the ambulance parties of the several battalions, and shall submit regulations for the instruction in first aid to the wounded and for the practical drill of stretcher men. He shall, if necessary, establish and assume general charge of a base hospital, and shall make all arrangements for the transport of the sick and for forwarding cases to the base hospital for treatment. He shall inspect and assume general charge of the ambulance parties whenever the latter are massed by direction of the brigade commander. He will prescribe the medical and surgical outfits to be landed in any case, and report regarding the transportation required.

XI. *The surgeon* of the battalion shall organize and instruct the ambulance party as directed by the battalion commander. He shall establish a field hospital and assist the brigade surgeon in carrying out the general regulations for the care of the sick and wounded and for the preservation of health. He will prescribe, under the direction of the brigade surgeon, the necessary medical and surgical outfits, and report regarding the transportation required. He will take the initiative in making preparations in his department.

XII. *The ambulance party* of each battalion will be composed, ordinarily, of the stretcherman for each section, with a hospital steward and as many hospital apprentices as the circumstances may demand. One stretcher will be provided for each pair of stretchermen. The necessary medical and surgical outfits will be prescribed by the surgeon.

XIII. *Base hospital.*—In case a base hospital is to be established on shore, it will be under the personal charge of the brigade surgeon, who will advise the brigade commander regarding the organization of a separate hospital staff independent of the ambulance parties.

XIV. *A ship as base hospital.*—A ship will be used as a base hospital whenever practicable, and the sick and wounded will be sent on board as promptly as possible in order to relieve the field hospital force and to avoid hampering the movements of the landing force.

XV. *During an engagement* the following general plan will be carried out:

(1) The battalion surgeons will select one or more dressing stations under cover, about 300 yards in rear of the firing line.

(2) The brigade surgeon will establish one or more field hospitals at convenient points where water and shade are available, if possible.

(3) Men seriously wounded will first be carried to the dressing stations and later to the field hospital; the slightly wounded will find their own way to the hospital or will return to the firing line, as directed by the surgeon.

(4) Men will be transferred from the field hospitals to the base hospital as soon as practicable.

(5) All officers and petty officers, and as far as possible all men, will be supplied with first-aid packages and be instructed in their use.

XVI. *Distant service.*—Special arrangements must be made for the transport of the sick and wounded in the case of distant expeditions and long marches.

XVII. *The ambulance party* will, ordinarily, carry no weapons, but will wear the Geneva Cross on the left arm. Against a savage or uncivilized enemy, however, the men of the hospital staff and ambulance party will carry pistols and omit the red cross.

XVIII. *Surgeons* will wear swords at parades, ceremonies, and ordinary drills. On active service and at practical exercises with the landing force they will observe the rule of the hospital staff.

XIX. *Ambulance parties.*—Fast-pulling boats, containing the medical officers with assistants and proper outfits, will be stationed in rear of the main line. They will be designated by the hospital flag, and the ambulance party will form their crews.

XX. *Organization of the Medical Department in the field.*—(1) Assistance will be rendered to the wounded at four points, viz, 1, the firing line; 2, the dressing station; 3, the field hospital; 4, the base hospital.

(2) For the stretchermen to advance on the field under fire is to invite disaster. Not only may they be killed by drawing the enemy's fire in this way, but the wounded may also be similarly exposed.

(3) The hospital-corps men, when called to urgent cases on the firing line, should advance by rushes, seeking what shelter may be available. They should be prepared to check hemorrhage, to secure improperly applied dressings with rubber plaster, and to administer water and stimulants where needed. They should carry knives suitable for cutting away clothing, preparing splints, etc. They should be equipped with lanterns for searching the battlefield after sundown.

(4) The average per centage of casualties is 15. About one-third of this number will have to be carried off the field. When possible the hospital-corps men will adjust splints and otherwise prepare the wounded for transportation, and the stretcher men will carry them to the dressing stations.

XXI. *The dressing stations.*—(1) The dressing stations will be located three hundred yards or more back of the firing line, behind some natural or artificial shelter, and out of the direct line of fire, and will be designated by a red-cross flag by day and a white over a green light at night.

(2) At this point the medical officers will dress the wounds of men not seriously disabled and will send them back to their respective companies. The other cases will be identified and tagged with their names, ship, nature of their wounds, treatment, and the probable time when another dressing will be necessary. Here tourniquets will be removed, bleeding blood vessels tied, and dressings and splints renewed when necessary. Water, liquid foods, and stimulants will be served out as required.

(3) The dressing stations should be promptly cleared of wounded.

XXII. *The field hospital.*—(1) The field hospital will fly a red-cross flag by day and a green over a white light at night. At this point necessary operations will be performed and dressings applied. The application of splints will be carefully looked after and the men will be prepared for removal to the base hospital.

(2) The field hospital should be promptly cleared of wounded.

XXIII. *The base hospital.*—A hospital ship, or other ship, will usually be designated to act as a base hospital. The wounded will remain in the base hospital until they are fit for duty or able to be sent to a home station. (The Landing-Force and Small-Arm Instructions United States Navy, 1905.)

CHAPTER XXII.

NOMENCLATURE OF DISEASES.

A. *Instructions relating to its employment.*

I. The nomenclature of diseases shall be strictly adhered to by medical officers in the preparation of all medical reports. The names of all diseases and injuries embodied in the medical journal, the Statistical Report of Sick (Form K), and the Quarterly and Yearly Abstracts of Patients (Forms F and F_2) shall be classified and arranged in accordance with the following list:

II. The names of the diseases specified in this list shall be employed in classification and diagnosis whenever practicable. Diseases not included in this nomenclature shall be returned as "other diseases of this class" in the class to which they belong, and, observing the same classification, shall he specified alphabetically in a supplementary list, care being taken to avoid terms synonymous with those already in the list of the nomenclature of diseases.

III. The genus shall include its varieties unless the variety appears in the list, *e. g.*, melancholia includes nostalgia, hypochondriasis, lypothymia, etc.; neuralgia includes trigeminal, occipital, cervico-brachial, and intercostal, neuralgias of the joints, genitals, rectum, etc.; but sciatica, gastralgia, and certain others occupy places of their own; amblyopia includes hemeralopia, nyctalopia, etc.; asthenopia includes asthenopia muscularis, etc.; meningitis includes hæmorrhagic pachymeningitis, leptomeningitis, etc.; alcoholismus includes delirium tremens, ebriositas, etc.; myalgia includes omalgia, lumbago, rheumatic torticollis, pleurodynia, etc.

B. *Classification of diseases.*

CLASS I.—*Parasites and parasitic diseases.*

Actinomycosis.
Ascaris lumbricoides.
Echinococcus.
Filaria medinensis.
Filaria sanguinis.
Oxyuris vermicularis.
Pediculus.
Pityriasis.
Pulex penetrans.
Scabies.
Tænia.
Tinea favosa.
Tinea trichophytina.
Trichinosis.
Other diseases of this class.

CLASS II.—*General infectious diseases (nonvenereal).*

Cachexia malarialis.
Catarrhus epidemicus.
Cholera.
Cholera morbus.
Denguis.
Diphtheria.
Dysenteria acuta.
Dysenteria chronica.
Erysipelas.
Febris cerebro-spinalis.
Febris enterica.
Febris flava.
Febris intermittens.
Febris pneumonica.
Febris recurrens.
Febris remittens.
Febris undulans.
Gangræna nosocomialis.
Morbilli.
Neuritis endemica.
Paralysis ascendens acuta.
Parotitis epidemica.
Pertussis.
Pyæmia.
Rabies.
Rheumatismus articularis acutus.
Rheumatismus articularis chronicus.
Rubella.
Scarlatina.
Septicæmia.
Tetanus.
Tuberculosis miliaris acuta.
Tuberculosis pneumonica acuta.
Tuberculosis pneumonica chronica.
Tuberculosis of other parts.
Typhus.
Vaccina.
Varicella.
Variola.
Other diseases of this class.

CLASS III.—*Constitutional disorders of nutrition.*

Anæmia.
Debilitas senilis.
Diabetes insipidus.
Diabetes mellitus.
Hæmophilia.
Leucocythæmia.
Lithæmia.
Pseudoleucocythæmia.
Purpura hæmorrhagica.
Purpura simplex.
Scorbutus.
Other diseases of this class.

B. *Classification of diseases*—Continued.

CLASS IV.—*Diseases of the nervous system.*

Apoplexia.
Aphasia.
Atrophia muscularis progressiva.
Cephalalgia.
Chorea.
Dementia.
Encephalitis.
Epilepsia.
Febris continua simplex.
Febris ephemera.
Febris thermica.
Hemicrania.
Hemiplegia.
Insomnia.
Irritatio spinalis.
Mania.
Melancholia.
Meningitis.
Monoplegia.
Myelitis.
Nausea marina.
Neuralgia.
Neurasthenia.
Neuritis.
Neuritis multiplex.
Neurosis hysteroidea.
Paralysis agitans.
Paralysis glosso-labio-laryngealis.
Paranoia.
Paraplegia.
Prostratio thermica.
Sciatica.
Sclerosis lateralis amyotrophica.
Sclerosis lateralis spastica.
Sclerosis multiplex.
Sclerosis spinalis posterior.
Syncope.
Torticollis spasmodica.
Vertigo.
Other diseases of this class.

CLASS V.—*Diseases of the visual apparatus.*

Achromatopsia.
Amaurosis.
Amblyopia.
Asthenopia.
Astigmatismus.
Blepharitis.
Cataracta.
Chalazion.
Choroiditis.
Conjunctivitis.
Corneæ ulcus.
Dacryocystitis.
Ectropium.
Entropium.
Glaucoma.
Hordeolus.
Hypermetropia.
Iritis.
Keratitis.
Leucoma.
Myopia.
Neuritis optica.
Obstructio lacrymalis.
Panophthalmitis.
Pterygium.
Retinitis.
Sclerotitis.
Synechia.
Trachoma.
Other diseases of this class.

CLASS VI.—*Diseases of the auditory apparatus.*

Myringitis.
Otalgia.
Otitis externa.
Otitis media.
Surditas.
Other diseases of this class.

CLASS VII.—*Diseases of the olfactory apparatus.*

Antri abscessus.
Catarrhus æstivus.
Rhinitis acuta.
Rhinitis chronica.
Other diseases of this class.

CLASS VIII.—*Diseases of the nutritive apparatus.*

(Subsidiary Class 1.—Diseases of the digestive apparatus.)

Adenitis salivosa.
Ani prolapsio.
Ani rhagades.
Appendicitis.
Catarrhus gastricus acutus.
Catarrhus gastricus chronicus.
Catarrhus intestinalis acutus.
Catarrhus intestinalis chronicus.
Cholelithiasis.
Colica.
Constipatio.
Dentis caries.
Diarrhœa simplex.
Dyspepsia nervosa.
Fistula in ano.
Gastralgia.
Glossitis.
Hæmatemesis.
Hæmorrhois.
Hepatis congestio.
Hepatitis acuta.
Hepatitis chronica.
Hepatitis suppurativa.
Hypertrophia tonsillaris.
Icterus.
Intestini recti strictura.
Obstructio intestinalis.
Odontalgia.
Odontolithus.
Œsophagostenosis.
Parulis.
Periodontitis.
Periproctitis.
Peritonitis.
Pharyngitis.
Stomatitis,
Tonsillitis.
Typhlitis.
Ulcus gastricum.
Uvula descendens.
Other diseases of this class.

(Subsidiary Class 2.—Diseases of the circulatory apparatus.)

(a) BLOOD VESSELS.

Aneurysma.
Angina pectoris.
Arteriosclerosis.
Cordis dilatatio.
Cordis hypertrophia.
Cordis palpitatio.
Cordis valvularum morbus.
Embolismus.
Endocarditis.
Myocarditis.
Pericarditis.
Phlebitis.
Thrombosis.
Varix.

(b) LYMPHATICS.

Bronchocele.
Lymphadenitis.
Lymphangitis.
Splenypertrophia.
Other diseases of this class.

(Subsidiary Class 3.—Diseases of the respiratory apparatus.)

Asthma.
Bronchopneumonitis.
Bronchitis acuta.
Bronchitis chronica.
Catarrhus bronchialis.
Emphysema pulmonalis.
Hæmoptysis.
Laryngitis acuta.
Laryngitis chronica.
Œdema pulmonalis.
Pleuritis acuta.
Pleuritis chronica.
Pleuritis purulenta.
Pneumothorax.
Other diseases of this class.

CLASS IX.—*Diseases of the motory apparatus.*

Ankylosis.
Arthritis.
Arthritis deformans.
Bursitis.
Caries.
Contractura.
Gangræna.
Myalgia acuta.

B. *Classification of diseases*—Continued.

Myalgia chronica.
Necrosis.
Ostitis.
Osteomyelitis.
Periostitis.
Synovitis.
Thecitis.
Other diseases of this class.

CLASS X.—*Diseases of the cutaneous apparatus.*

Abscesses.
Acne.
Carbunculus.
Cellulitis.
Clavus.
Cutis fissuræ.
Ecthyma.
Eczema.
Erythema.
Furunculus.
Herpes simplex.
Herpes zoster.
Impetigo.
Lichen.
Onychia.
Paronychia.
Pemphigus.
Pernio.
Pityriasis.
Prurigo.
Psoriasis.
Ulcus.
Unguis involutus.
Urticaria.
Verruca.
Other diseases of this class.

CLASS XI.—*Venereal diseases and diseases of the genito-urinary apparatus.*

Adenitis inguinalis (venereal).
Arthritis gonorrhoica.
Balanitis.
Calculus.
Chancroid.
Cystitis.
Enuresis.
Epididymitis.
Fistula urinalis.
Gonorrhœa.
Hæmaturia.
Hydrocele.
Nephritis acuta.
Nephritis chronica.
Nephrolithiasis.
Ophthalmia gonorrhoica.
Orchitis.
Paraphimosis.
Perinephritis.
Phimosis.
Prostatitis.
Pyelitis.
Spermatorrhœa.
Syphilis consecutiva.
Syphilis primitiva.
Urethræ strictura.
Urethritis simplex.
Urina suppressa.
Urinæ retentio.
Varicocele.
Verruca acuminata.
Other diseases of this class.

CLASS XII.—*Cysts and new growths.*

Adenoma.
Angeioma.
Carcinoma.
Chondroma.
Cystis.
Epithelioma.
Fibroma.
Glioma.
Lipoma.
Myxoma.
Neuroma.
Osteoma.
Sarcoma.
Other diseases of this class.

CLASS XIII.—*Injuries.*

Abrasio.
Ambustio ex calore.
Ambustio ex frigore.
Asphyxia.
Asphyxia ex submersione.
Concussio.
Contusio.
Deformitas.
Fames.
Fractura.
Fulminis ictus.
Hernia.
Ictus electricus.
Luxatio.
Membranæ tympani ruptio.
Membri clades.
Musculi ruptio.
Visceris ruptio.
Sitis.
Sole excoctus.
Stremma.
Virium defectio.
Vulnus contusum.
Vulnus incisum.
Vulnus laceratum.
Vulnus punctum.
Vulnus sclopeticum.
Other diseases of this class.

CLASS XIV.—*Extraneous bodies.*

Corpus extraneum.

CLASS XV.—*Poisons.*

Alcoholismus.
Dermatitis venenata.
Venenum irritans.
Venenum neuroticum.
Vulnus venenatum.
Other diseases of this class.

CLASS XVI.—*Feigned diseases*

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CHAPTER XXIII.

BLANK (LETTER) FORMS.

A. *Regulations relating to their employment.*

I. Requisitions for medical supplies on prescribed forms.—Art. 723, pars. (1), (2), (3), (4), N. R.
II. Return of property.—Art. 1160, par. (2), N. R.
III. Transfer of medical stores.—Art. 722, par. (4), N. R.
IV. Medical outfit when going out of commission.—Art. 730, N. R.
V. Transfer of stores.—Art. 731, pars. (1), (2), N. R.
VI. Responsibility for value of surgical instruments, etc.—Art. 1160, par. (3), N. R.
VII. Property returned from ships in squadron.—Art. 1160, par. (4), N. R.
VIII. Abstract of patients.—Art. 1158, pars. (1), (2), N. R.
IX. Patients should be accompanied with hospital tickets.—Art. 1144, N. R.
X. General alphabetical register of patients.—Art. 1149, (b), N. R.
XI. Case paper.—Art. 1149, (c), N. R.
XII. Weekly report of sick.—Art. 1154, N. R.
XIII. Daily report of sick.—Art. 694, N. R.
XIV. Statistical report of sick.—Art. 1159, N. R.
XV. Order for survey.—Art. 1418, N. R.
XVI. Reports of survey.—Art. 1420, par. (1), N. R.
XVII. Certificates of death.—Art. 718, pars. (1), (2), N. R.
XVIII. Special diet list.—Art. 1148, N. R.
XIX. Temperature, pulse, etc.—Art. 1156, par. (7), N. R.
XX. Pay rolls.—Art. 1703, N. R.
XXI. Ration notice (admission).—Art. 1149, (e), N. R.
XXII. Ration notice (discharge).—Art. 1153, pars. (1), (2), (3), N. R.
XXIII. Records of examinations.—Art. 1123, N. R.
XXIV. Yearly return of books.—Art. 1161, N. R.

B. *Instructions relating to their employment.*

I. With the object of securing uniformity and accuracy in the preparation of the reports and returns connected with the duties of the Medical Department, the Bureau has established certain blank forms and designated the specific purposes for which such forms shall be used.

II. The following table includes a list of the lettered blank forms furnished by the Bureau of Medicine and Surgery:

Form A.—Quarterly inventory.
Form B.—Requisition and priced invoice.
Form 4.—Requisition for supplies exempt by law from advertisement.
Form Ba.—Special requisition for articles in stock but not on the supply table.
Form C.—Survey of articles embraced on supply table.
Form Ca.—Survey on medical supplies (additional articles) and on material.
Form D.—Inventory of property.

Form Da.—Inventory of property (additional articles).
Form E.—Register of patients (book).
Form F.—Quarterly abstract of patients.
Form F2.—Yearly abstract of patients.
Form G.—Hospital ticket.
Form H.—Case paper.
Form I.—Weekly report of sick.
Form J.—Morning report of sick.
Form K.—Statistical report of sick.
Form L.—Request for medical survey.
Form M.—Report of medical survey.
Form N.—Report (certificate) of death.
Form O.—Request for blank forms.
Form P.—Order book.
Form Pa.—Special diet list.
Form Q.—Temperature chart.
Form R.—Pay roll.
Form S.—Ration notice (admission).
Form T.—Ration notice (discharge).
Form U.—Report of books and periodicals.
Form V.—Monthly return of medical stores.
Form X.—Abstract of enlistments.
Form Y.—Priced invoice.
Form Z.—List of library books.

III. In the preparation and disposition of these forms, medical officers shall be governed by the following instructions:

FORM A.—*Quarterly inventory.*

I. This form was specially prepared by the Bureau of Medicine and Surgery for use only at naval hospitals. It is a quarterly inventory of hospital stores, liquors, and bedding.

II. It shall be made out in duplicate at the end of each calendar quarter, and shall be forwarded to the Bureau of Medicine and Surgery.

III. The inventory shall bear the certificate as to its correctness of the senior assistant at the hospital, and shall be approved and forwarded by the medical officer in command of the hospital.

IV. Upon approval by the Chief of the Bureau, the original of the inventory shall be placed on the files of the Bureau, and the duplicate copy shall be returned for the files of the hospital.

FORM B.—*Requisition and priced invoice.*

I. Form B shall be prepared and forwarded to the Bureau semiannually. (a) For hospitals, on the 1st of March and September; (b) for ships in commission, on the 1st of April and October; (c) for receiving ships, yards, and stations, on the 1st of May and November.

II. This form shall be prepared in quadruplicate, giving the number of the requisition, and marked quadruplicate first, second, third, and fourth.

III. The quantities of medicines required shall correspond in amount to the packages mentioned in the supply table, and the columns "on hand" and "allowance" shall always be filled opposite the articles required for.

IV. After approval by the Bureau the third will be returned to the officer making the requisition; the fourth will be retained at the Bureau; the first and second will be forwarded to the naval medical supply depots at Brooklyn, N. Y., Mare Island, Cal., or Cavite, P. I., and will accompany the stores when shipped.

V. The medical officer filling the requisition shall enter the value of each item in the proper column before forwarding the first and second to the maker of the requisition.

VI. Upon the receipt of stores the values shall be entered on the third, and the first and second, properly receipted, shall be forwarded, the former to the naval medical supply depots at Brooklyn, N. Y., Mare Island, Cal., or Cavite, P. I., and the latter to the Bureau of Medicine and Surgery.

VII. This form must not be altered by erasure or interlineation. If additional articles are required requisition for such articles shall be made upon Form 4 or Form Ba.

VIII. In approving Form B the Bureau designates whether the requisition shall be filled from the naval medical-supply depots at Brooklyn, N. Y.; Mare Island, Cal., or Cavite, P. I. If filled at one of the naval medical-supply depots the aggregate value of the separate items included in the requisition shall be accurately and neatly footed up on the back of the requisition.

IX. If from any cause it should be necessary to purchase the articles embraced on Form B in open market the requisition, after approval by the Bureau of Medicine and Surgery, shall be forwarded to the Paymaster-General for action prescribed for other public bills.

X. When the articles embraced on Form B are purchased in open market, in the manner indicated in Paragraph IX, and in order to establish the legality of the purchase, the exigency clause shall appear on the first of the requisition above the signature of the Surgeon-General.

FORM 4.—*Requisition for supplies exempt by law from advertisement.*

I. This form can be used either in making requisition upon the naval medical-supply depots or for medicines obtained by open purchase through a purchasing pay officer.

II. If the articles required are obtained from either of the naval medical-supply depots, the following directions shall be observed:

(a) The requisition shall be made in quadruplicate upon the Bureau of Medicine and Surgery.

(b) The quantities of medicines required shall correspond in amount to the packages mentioned in the supply table.

(c) After approval by the Bureau, the third will be returned to the officer making the requisition; the fourth will be retained at the Bureau; the first and second will be forwarded to the naval medical-supply depot filling the requisition and shall accompany the stores when shipped.

(d) The medical officer filling the requisition shall enter the value of each item in the proper column before forwarding the first and second to the maker of the requisition.

(e) Upon receipt of stores the values shall be entered on the third, and the first and second, properly receipted, shall be forwarded, the former to the naval medical-supply depot furnishing the stores and the latter to the Bureau of Medicine and Surgery.

(f) Articles required for shall be arranged alphabetically and by classes, as indicated in the supply table.

(g) Although requisitions for articles not on the supply table will be approved when necessary, in every case they must be made in quadruplicate upon Form 4 and accompanied with an explanatory letter stating the necessity for each item required.

III. Should the Bureau direct that the articles required be procured through open purchase, the following directions shall be observed:

(a) The first and second copies after approval shall be forwarded to the purchasing pay officer; the third is retained in the Bureau of Supplies and Acco[redacted] the fourth filed in the Bureau of Medicine and Surgery.

(b) Before forwarding this requisition for approval a press or hand copy shall be made for the files in connection with the bill book, and upon the receipt of the first from the purchasing pay officer it shall be compared with the copy, and any changes made shall be noted on the copy retained for the bill book.

FORM BA.—*Special requisition.*

I. Form Ba shall be prepared in quadruplicate. It embraces a supplementary list of articles (on charge, but not included in the supply table) in store at the United States naval medical supply depots. Such articles, upon approved requisition, shall be furnished all hospitals, stations, and ships, if in stock.

II. In the preparation of Form Ba medical officers shall be guided by paragraphs I, II, IV, V, and VI, embraced in the instructions relating to the preparation of requisition Form B.

FORMS C AND CA.—*Survey on medical property.*

I. Forms C and Ca shall be used in surveys upon all supplies and material in the Medical Department of the Navy.

II. Medical officers will not be released from responsibility for the value of property in the Medical Department unless the expenditure is authorized by the Bureau or by a board of survey.

III. The Navy Regulations relating to surveys on medical property will be found under "Surveys on material," "Book of instructions for medical officers."

IV. Form C shall be used in all surveys upon property at the U. S. naval medical supply depots.

V. Form Ca shall be used in all surveys upon property except at U. S. naval medical supply depots. All articles surveyed shall be entered on Form Ca following the order and nomenclature of the supply table.

VI. Articles recommended for survey shall be disposed of under one of the following subcolumns, indicated by figures, viz:

(a) Fit for issue or use.

(b) Fit for issue or use (when repaired).

(c) To U. S. naval medical supply depot for future disposition.

(d) To general storekeeper for sale.

(e) Destroy, being useless and valueless.

VII. Articles entirely useless and valueless, or which are prejudicial to the health of the ship's company, shall be entered under column VIe.

VIII. Whenever surveyed articles are sent to a U. S. naval medical supply depot they shall be accompanied by duplicate invoices, on which will be noted dates of survey and disposition recommended as to articles invoiced.

IX. Surveys on articles on board ship and at stations and hospitals may be held semiannually, or as often as may be necessary.

X. At the U. S. naval medical supply depots quarterly surveys shall be held on all returned stores from ships and stations, and upon such stores as are broken and unaccounted for, or which have undergone deterioration from various causes.

XI. In reports of survey held at the U. S. naval medical supply depots, the following directions shall be observed, viz:

1. Columns IVa and IVb shall refer to the dates when and from what ships and stations "returned stores" were received.

2. Columns IVa and IVc shall refer to the dates when received and name of firm or dealer from whom received, of such stores as are broken, missing, and unaccounted for, or which have undergone deterioration from various causes.

XII. In reports of survey held at hospitals, stations, on board ship, or elsewhere, columns IVa and IVb shall be filled out when stores have been received from a

U. S. naval medical supply depot. Stores received from all other sources shall be accounted for under columns IVa and IVc.

XIII. Surveys upon medical property held within the United States shall be ordered by the Bureau of Medicine and Surgery, and abroad by the commander in chief or senior officer present.

XIV. Surgical instruments and appliances that have become unfit for further use shall be surveyed before the issue of others. Articles classed under dispensary furniture and supplied in quantities for expenditure need not be surveyed.

XV. A survey shall be held at each U. S. naval medical supply depot on all medical supplies considered unfit for use turned in from cruising ships placed out of commission. Such articles as are found fit for use shall be turned into the general stock for issue.

XVI. Whenever any property belonging to the medical department is surveyed and recommended to be sold the articles shall in all cases be appraised. The medical officer in charge shall make an inventory of the same, and shall carefully preserve the property until directed to deliver it for sale. A copy of this inventory shall be forwarded to the Bureau of Medicine and Surgery as soon as the report of survey is approved.

XVII. Supplies delivered to a general storekeeper for sale shall be accompanied by an invoice stating both the original and appraised value of the articles.

XVIII. Reports of survey on property belonging to the medical department shall be forwarded in duplicate to the Bureau of Medicine and Surgery. From ships in squadrons, and before being forwarded, such reports should receive the indorsement of the surgeon of the fleet.

XIX. After approval by the Bureau the original of the survey is filed in the Bureau and the duplicate copy is returned to the medical officer requesting the survey for the files of the medical department of the ship or station.

FORM D.—*Inventory of property.*

FORM Da.—*Inventory of property (additional articles).*

I. The attention of medical officers is directed to articles 722, 730, 731, and 1160, United States Naval Regulations, relating to the preparation of Forms D and Da, "Inventory of property" and "Inventory of property (additional articles)."

II. Medical officers attached to shore stations and ships shall prepare and forward to the Bureau of Medicine and Surgery, on Form D and Form Da, an annual property return on the 1st day of July of each year. A copy of the inventory shall be filed among the permanent records of the ship or station.

III. When medical supplies are transferred from a storeship or depot to a ship the invoices and receipts must be made in triplicate, approved by the senior officer, and disposed of in the same manner as though at a navy-yard.

IV. When the ship goes out of commission, the senior medical officer shall carefully pack all medical supplies, including books and blank forms, and transfer them to the senior medical officer of the navy-yard. They shall be accompanied by an accurate inventory in triplicate, made out in the order of the supply table, stating the quantity and condition of the articles. The inventory shall be signed by the senior medical officer and the captain.

V. When stores and supplies are transferred from the charge of one medical officer to another, triplicate receipts shall be passed.

VI. Whenever a medical officer is relieved from duty he shall transfer to his successor all public property in his charge.

VII. Medical officers will forward to the Bureau of Medicine and Surgery, with the return of (Form D), a concise account of the authority and reasons for expenditure and disposition of all property expended, other than medicines, hospital stores, surgical appliances, and stationery.

VIII. They will not be released from responsibility for the value of any surgical instruments or furniture unless the expenditure shall have been authorized by the Bureau or a board of survey.

IX. The property return from ships in squadron shall be forwarded through the surgeon of the fleet, who will ascertain whether or not expenditures were made with due regard to efficiency and economy, and will report to the Bureau any instances of wastefulness or unauthorized expenditure.

X. This form must not be altered by erasure or interlineation, and in its preparation medical officers will be held responsible for its accuracy and neatness. Form Da shall be employed for all additional articles.

FORM E.—*Register of patients.*

I. The instructions contained in article 1149 (b), United States Navy Regulations, relating to the general alphabetical register of patients (Form E), shall be carefully observed by medical officers.

II. Form E is the permanent hospital record containing the names of all patients admitted into a naval hospital. The names of all patients must be entered immediately in this record upon their admission to a hospital.

III. When patients are discharged from a hospital the dates of their discharge shall be entered upon the register of patients.

FORM F.—*Quarterly abstract of patients.*

I. Medical officers shall observe and comply strictly with the instructions contained in paragraph 1, article 1158, United States Navy Regulations, relating to the preparation and disposition of Form F, "Quarterly abstract of patients."

II. The "Quarterly abstract of patients" (Form F) shall accord with and accompany the statistical report, and shall contain the names of patients on the "active list" only, rate, disease, origin, and disposition of every case admitted to the journal. The names shall be arranged in order of admission, as many sheets only being used as will contain all the entries. Under the head "origin" will be written "duty" or "not duty," as expressive of the opinion of the medical officer in regard to the connection of the disease or injury with the line of duty; and under the head of "remarks" a statement of the facts upon which the opinion is based. When transmitting such abstract to the Bureau it should be sent in a pasteboard tube or rolled over a firm center to avoid folding and breaking.

III. This form shall be forwarded to the Bureau of Medicine and Surgery from all ships and shore stations at the end of each calendar quarter, or part of quarter, if the ship goes out of commission. It shall be prepared in duplicate; the original shall be forwarded in a pasteboard tube or rolled over a firm center. The duplicate copy shall be retained for the files of the ship or station.

IV. The names shall be arranged in the order of their admission and not alphabetically, using as many sheets as may be necessary to contain all entries.

V. In the preparation of Form F the following information shall be carefully and accurately entered in the appropriate column:

(a) Number. In chronological order. Admissions only are given a number. Readmissions are entered but not given a number. Number remaining from last quarter shall be indicated by a dash.

(b) Patient's name in full, in order of admission, surname first—not underscored.

(c) Rate.

(d) Age.

(e) Place of birth.

(f) Disease or injury.

(g) Date of admission.

(h) Date of discharge.
(k) Days sick during current quarter.
(l) Final disposition.
(m) Origin. Duty or not duty.
(n) Remarks. State facts relating to origin. Specify location of disease or injury when not definitely indicated by the nomenclature.

VI. Form F shall be prepared from a list of patients on which shall be inscribed the name of every person as soon as it is entered upon the medical journal. Form F when properly prepared shall agree with Form K and also with the entries on the medical journal.

VII. The names of officers and enlisted men of the Navy and Marine Corps on the retired list, supernumeraries, and beneficiaries, under treatment, shall be entered upon the "Quarterly abstract of patients" (Form F). The names of such patients shall follow and be separated on Form F by a ruled line from the patients on the active list, but shall not be included in the statistical report (Form K).

FORM F_2.—*Yearly abstract of patients.*

I. In the preparation of Form F_2, "Yearly abstract of patients," medical officers shall be governed by the instructions contained in paragraph 2, article 1158, Navy Regulations.

II. Form F_2, "Yearly abstract of patients," shall embrace the names of all patients entered on the quarterly abstracts for the year, arranged in alphabetical order.

III. This form shall be forwarded to the Bureau of Medicine and Surgery from all ships and shore stations on the 1st of January of each year, accompanied by the abstract of patients (Form F) for the fourth quarter of the year just ended. Should a ship be placed out of commission Form F_2 shall be prepared covering the fractional part of the year the ship was in commission and forwarded to the Bureau at once.

IV. Form F_2 shall be prepared in duplicate. The original shall be forwarded in a pasteboard tube or rolled over a firm center. Duplicate copy shall be retained for the permanent files of the ship or station. Under no circumstances must this form be folded, as it is bound in book form and is preserved among the permanent records of the Bureau.

V. The names on Form F_2 shall be entered alphabetically in order to facilitate the work in furnishing the records required by the Pension Office in adjudicating the claims of applicants for naval pensions. The names of patients remaining at the close of the previous year should be entered alphabetically in the body of this abstract, noting correctly the dates of their original admission. In the preparation of Form F_2 great care should be taken to avoid the double entry of the names of patients continued on the quarterly abstracts from one quarter to the succeeding one.

VI. The names of officers and enlisted men of the Navy and Marine Corps on the retired list shall be entered on the "Yearly abstract of patients" (Form F_2), arranged alphabetically, with the names of patients on the active list.

VII. The information required in Paragraph V, "Quarterly abstract of patients" (Form F), applies equally to Form F_2.

FORM G.—*Hospital ticket.*

I. The instructions contained in article 1144, Navy Regulations, require that patients transferred to a hospital shall be accompanied upon admission with hospital tickets.

II. In cases of emergency, patients may be admitted without a hospital ticket, but the necessity for such action shall be reported by the senior medical officer of the hospital to the commandant of the station, who shall cause the hospital ticket to be furnished.

III. When the hospital ticket has been examined by the hospital authorities and found correct, it shall be indorsed and filed with the papers relating to patient's case. If defective the hospital ticket shall be returned officially to the medical officer signing it, or if this is not practicable it shall be forwarded to its proper destination through the Bureau of Medicine and Surgery.

IV. The descriptive list shall be obtained from the ship's records and shall correspond accurately with the entry on the face of the ticket, except as to age, which shall be that at date of transfer.

V. The entry on the face of the ticket as to the origin of the disease or injury shall agree in all essential details with the record of the case as contained in the medical journal.

VI. The enlistment and health records, the descriptive list after enlistment, and the list of clothing on the back of the hospital ticket, shall be carefully filled out in the case of enlisted men.

VII. Upon the discharge of a patient from a naval hospital the hospital ticket, together with reports of survey (if any), is attached to the case paper, and with it shall be forwarded to the Bureau of Medicine and Surgery at the end of the year.

FORM H.—*Case paper.*

I. In the preparation of Form H, medical officers shall be governed by the instructions contained in article 1149 (c), Navy Regulations.

II. Form H is intended for use at hospitals only.

III. Each case paper shall be given a number and shall be a complete record of the patient to which it refers, during his continuance in the hospital.

IV. Upon the admission of a patient the medical officer in charge of the ward to which the patient is assigned, shall examine carefully the accompanying hospital ticket as to accuracy and completeness, and shall enter upon the face of the case paper the following data:

(a) Case paper number (in the order of admission from the 1st of January of each year).

(b) Name (full name, surname first).

(c) Rank or rate.

(d) Native of .....

(e) Date of birth.

(f) Enlisted at .....

(g) Admitted from (vessel or station).

(h) Date of admission (hour, day, month, year).

(i) Discharged to (duty, from service, sick leave, etc.).

(j) Diagnosis by hospital ticket, signed ....., surgeon.

V. Following the above data the medical officer in command of the patient shall enter upon the case paper a copy of the hospital ticket contained in the paragraph relating to the origin of the disease or injury.

VI. A careful examination of the patient shall then be made by the medical officer in charge of the case, and his condition shall be fully recorded on the case paper. The frequency of entries upon the case paper as to the condition of the patient must be determined largely by the nature of his disease or injury. If necessary a daily record shall be made of his case. The case paper shall be presented weekly to the medical officer in command of the hospital for his inspection, examination, and approval.

VII. On the discharge of a patient from the hospital the case paper shall be closed and signed by the medical officer of the ward, and shall be approved with the signature of the medical officer in command of the hospital.

VIII. At all naval hospitals the case papers, with the hospital tickets and reports of medical survey attached, shall be arranged in yearly packages, representing the

patients discharged from January 1 to December 31 of each year, in the order of their discharge from the hospital. Each completed record shall be numbered on the upper right-hand corner of the attached hospital ticket, commencing January 1 with number 1 of the yearly series. At the end of the year an alphabetical index, prepared on cap paper, shall be made of all the cases discharged during the year, and the package of case papers, with accompanying index, shall be forwarded by express to the Bureau of Medicine and Surgery.

IX. Junior medical officers entrusted with the preparation of case papers shall allow at the fold of the paper a margin of three-fourths of an inch for binding.

X. Medical officers in command of hospitals will be held responsible for the neatness and professional accuracy of all case papers.

XI. Upon the receipt of the case papers by the Bureau, and after careful examination, they shall be bound in book form and filed among the permanent records of the Bureau of Medicine and Surgery.

FORM I.—*Weekly report of sick.*

I. Article 1154, Navy Regulations, specifies when and in what manner the weekly report of sick shall be prepared.

II. Form I shall be prepared in triplicate on Monday of each week at all naval hospitals. One copy shall be sent to the Bureau of Medicine and Surgery, one to the commandant of the station, and one retained for the files of the hospital.

III. The report shall be signed by the medical officer in command of the hospital, and shall show the number of patients:

(a) Remaining at last report.
(b) Admitted during the week.
(c) Discharged during the week.
(d) Remaining.
(e) Totals.
(f) Beds for officers—occupied; vacant; total.
(g) Beds for men—occupied; vacant; total.

IV. The report shall also contain the following information in the appropriate column:

Column 1.—A, D, Dsd, D. D., H. I., I. S., L.

Column 2.—Name (surname and initials only), arranged chronologically by date of admission.

Column 3.—Rank, grade, or rate.

Column 4.—Disease.

Column 5.—Condition—convalescent; favorable; serious; unfavorable; (C, F, S, U).

Column 6.—Where from (ship or station).

Column 7.—When admitted; the date shall be expressed in figures—i. e., for July 15 make entry 7-15.

Column 8.—When discharged—i. e., for July 15 make entry 7-15.

Column 9.—Probable date of fitness of duty—i. e., for July 15 make entry 7-15.

V. The surname of officer patients must be underlined with red ink.

FORM J.—*Morning report of sick.*

I. Article 694, Naval Regulations, requires the senior medical officer to report to the captain daily by 10 o'clock a. m., in writing, the names and condition of the sick.

II. Form J shall be made each morning after sick call on all vessels in commission, and at navy-yards and naval stations where sick calls are held. A single copy containing the names and condition of the sick shall be prepared and submitted to the commanding officer by 10 o'clock a. m. At navy-yards and naval stations an additional copy shall be prepared and forwarded to the commanding officer of the marines.

FORM L.—*Request for medical survey.*

I. In the preparation of Form L medical officers shall be governed by the instructions contained in articles 714 and 1418, Navy Regulations.

II. A single copy of a request for medical survey shall be made out by the medical officer of ship or station, and may embrace any number of cases.

III. If in squadron, the request, after approval by the commanding officer of the ship, shall be transmitted to the flagship, and upon approval by the surgeon of the fleet, the order for the survey is given by the commander in chief.

IV. Requests for surveys on shore stations are approved and ordered by the commandant of the station.

V. The request for medical survey (Form L) shall be filed with the miscellaneous records of the vessel or shore station where the survey is held.

FORM M.—*Report of medical survey.*

I. Medical officers shall be governed by the instructions contained in articles 1418, 1419, 1420, 1421, 1422, and 1423, Navy Regulations, relating to surveys on the personnel.

II. Form M, Report of Medical Survey, shall be made out in triplicate in all cases, and each triplicate report shall be made out for *one case only*.

III. Reports of survey upon officers and enlisted men of the Navy shall be forwarded to the Navy Department through the Bureau of Navigation, and from this Bureau they are referred to the Bureau of Medicine and Surgery for recommendation.

IV. The Bureau of Medicine and Surgery returns the triplicate to the Bureau of Navigation with its indorsement. The recommendation may approve, disapprove, or modify the report of the Board of Survey.

V. The first of the survey is retained for the files of the Bureau of Medicine and Surgery. The second of the survey is temporarily retained in the Bureau of Medicine and Surgery until the end of the month in which received, when it is forwarded to the Pension Office for its files and for future reference in determining the pensionable status of the claimant.

VI. Upon the receipt by the Bureau of Navigation of the triplicate copy of the survey it is forwarded to the officer convening the board, for compliance with the Department's action, and when completed it is returned to the Bureau of Navigation, to be placed on its permanent files.

VII. In the cases of officers and men of the Marine Corps the triplicate copy follows the same course, except that it goes to the commandant of the Marine Corps instead of the Bureau of Navigation.

VIII. The following paragraphs on the face of the report shall be carefully and accurately filled out:

(a) Present condition—" unfit for duty " means present unfitness. "Unfit for service " means permanent unfitness. If the patient is found fit for duty the report shall be concluded at this point.

(b) Disease or injury—by name in common use; also location and character of injury.

(c) Probable future duration. When unfitness is found, and is regarded as temporary, the phrase " unfit for duty " shall be used. When the unfitness is permanent the expression " unfit for service " shall be employed.

(d) Recommendation. Under this head shall be given the contemplated disposition of the patient. In the case of an officer the recommendation may be detachment with sick leave; or if the unfitness is temporary the officer may be recommended for hospital treatment, with a view to his return to his ship or station. If the disability is considered permanent the Board shall recommend that he be ordered before a retiring board. Enlisted men shall be recommended for hospital

treatment, for further treatment, observation, etc., or for discharge from the naval service, or from the Marine Corps.

(e) Origin. The Board shall be careful to state definitely their opinion as to the origin of the disease or injury, giving all the facts and circumstances connected with the disease or injury, and whether associated with the performance of duty or whether the exposure was incident to any act of the service. The statement of the patient in connection with origin of the disease or disability must be weighed by rules governing evidence in general and shall be accepted or rejected.

IX. The enlistment record and copy of previous health record in the cases of enlisted men of the Navy and Marine Corps shall be filled out as accurately as practicable and shall be signed by the senior member of the board of survey.

X. When surveys are held upon enlisted men at hospitals the Board shall be careful to state on the enlistment record the names of the vessels from which the men were received.

FORM N.—*Report (certificate) of death.*

I. In the preparation of Form N, certificate of death, medical officers shall be guided by the instructions contained in article 718, paragraphs 1 and 2, and articles 1267 and 1269, Navy Regulations.

II. Commanding officers on shore and afloat will require from the proper medical officers reports, made in accordance with the medical instructions, of every case of death or disability occurring to persons in the naval service under their command. These reports shall be sent to the Bureau of Medicine and Surgery as evidence in claims for pensions.

III. The medical officer shall prepare duplicate certificates of death and forward them through the captain to the Bureau of Medicine and Surgery, and shall furnish a copy to the surgeon of the fleet.

IV. The statement as to origin of disease or disability causing death shall always be noted therein, with reasons for the opinion expressed as to whether or not it was incurred in line of duty.

V. Form N shall be prepared in duplicate and forwarded to the Bureau of Medicine and Surgery. At the end of the month in which the report is received the original is placed on the permanent files of the Bureau and the duplicate copy is forwarded to the Pension Office.

VI. A triplicate copy of Form N, in case of a naval officer, shall be prepared and sent to the Bureau of Navigation, and in the case of a marine officer a triplicate copy shall be sent to the commandant of the Marine Corps.

VII. The report of death shall contain the essential facts taken from the records of the case, without giving details of medical treatment, and the medical officer filling out the report shall be careful to state whether the disease, injury, or disability causing death did or did not originate in the line of duty, basing his conclusions upon all of the facts in his possession.

VIII. In the case of an enlisted man of the Navy or Marine Corps who dies on board ship, the record of enlistment, attached to the certificate of death, shall be filled out and signed by the executive officer or by the marine officer in charge of the marine guard, and shall be approved by the commanding officer.

IX. In the case of an enlisted man of the Navy who dies on shore, the record of enlistment, attached to the certificate of death, shall be filled out by the executive and commanding officers of the ship or station on which his enlistment records are kept.

X. In the case of an enlisted man of the Marine Corps who dies on shore, the record of enlistment shall be signed by the marine officer having charge of his accounts.

XI. A post-mortem shall be performed in every case of death, and the record of such examination shall be fully entered in the medical journal or case paper and upon the certificate of death.

XII. If for any cause a post-mortem examination is not held, the reasons for such omission shall be explicitly stated.

FORM O.—*Request for blank forms and books.*

I. Form O contains a list of all blank forms employed in the Medical Department of the Navy. Whenever blank forms are required, medical officers shall submit to the Bureau of Medicine and Surgery such request on Form O, designating the particular forms required by an X sign.

II. Blank forms requested on Form O may also be obtained from any naval medical supply depot.

III. Books are required for on Form O. Medical officers making requisitions for books shall comply with the instructions on Form O, as specified under the following columns:

(a) Author. Name in full, surname first.

(b) Title and edition.

(c) Publisher.

FORM P.—*Order book.*

FORM PA.—*Special diet list.*

I. In filling out Form P and Form Pa medical officers shall be governed by the instructions contained in articles 1147 and 1148, Navy Regulations, relating to diet tables and special diet lists.

II. These forms are used only at hospitals.

III. The order book (Form P) covers the quantity of articles to be furnished by the contractor for the following twenty-four hours, and must be signed by the medical officer in charge of the hospital.

IV. Form Pa (special diet list) shall be prepared every morning by the medical officer in charge of the ward. When there are two or more medical officers in charge of patients they shall use the same blank, in each case filling in the blank opposite the names of the patients under their charge. They will endeavor, as far as possible, to secure uniformity in the orders for the day so as to avoid unnecessary cooking. The special diet list shall always be filled by the medical officers and never by the nurses. It will include the dinner and supper of the day when made out and the breakfast of the following day. As occasion demands, articles in addition to those contained on the list may be employed.

FORM Q.—*Clinical chart.*

I. Medical officers shall be governed in the preparation of Form Q, clinical chart, by the instructions contained in article 1156, par. 7, Navy Regulations.

II. Form Q shall be kept in such cases as in the judgment of the medical officer may require it. It shall contain a record of the temperature, pulse, respiration, and a microscopical examination and a chemical examination of the urine. At hospitals Form Q shall be filed with the case paper. On vessels and stations it shall be filed in the medical journal.

FORM R.—*Pay roll.*

I. In the preparation of Form R, pay roll for civil employees, medical officers shall be governed by the instructions contained in article 1703, Navy Regulations.

II. Form R is used at all naval hospitals and naval stations in the payment of civil employees coming under the jurisdiction of the Bureau of Medicine and Surgery.

III. It shall be prepared in duplicate, the original of which shall be forwarded to the Bureau of Medicine and Surgery at the end of each month. The duplicate copy shall be retained at hospital or station from which it is forwarded.

IV. Before forwarding it to the Bureau of Medicine and Surgery, the medical officer in command of the hospital shall cause the names of all civil employees to be entered on the pay roll, and by him transmitted to the senior officer of the navy-yard for the entry of the names of all civilians employed in the medical department of the yard.

V. After the several columns on Form R have been accurately filled out with the necessary data, the senior medical officer of hospital and navy-yard shall attach their signatures to the bottom of the sheet, and shall certify as to its correctness in their respective departments.

VI. In the preparation of Form R the data required under the following headings shall be accurately given:

1. Number—refers to number of people employed.
2. Names shall be given in full.
3. Where employed (whether at hospital or yard).
4. Occupation.
5. Whole number of days work performed.
6. Rate of pay per day—dollars, cents.
7. Aggregate amount of pay—dollars, cents.
8. Amount due and paid—dollars, cents.
9. Certificate by each employee acknowledging receipt of their pay.
10. Witness of signature of employee.
11. Remarks.

FORM S.—*Ration notice (admission).*

I. Instructions contained in article 1149 (d) and (e), Navy Regulations, shall be complied with in filling out Form S, ration notice, on admission of a patient into a naval hospital.

II. When a patient is admitted into a naval hospital the following forms shall be observed:

(a) If the patient is an enlisted person from the receiving or other ship, or from neighboring marine barracks, send ration notice, through the commandant, to the commanding officer of the ship or barracks.

III. The day from which subsisted, as shown by the ration notice of admission, shall be the day following the actual entry of the patient into the hospital.

FORM T.—*Ration notice (discharge).*

I. Instructions contained in article 1153, Navy Regulations, shall be complied with in filling out Form T, ration notice, on discharge of patients from a naval hospital.

II. When a patient is discharged from the hospital a ration notice shall be forwarded, as directed (by article 1149, N. R.) upon the entry of a patient.

III. The last day subsisted in the hospital, as shown by the ration notice of discharge, shall be the day upon which the patient leaves the hospital.

FORM U.—*Report of books and periodicals.*

I. Form U shall be prepared and forwarded from all hospitals, stations, and receiving ships at the end of each quarter.

II. This report shall show:

1. Number of periodicals due during the quarter.
2. The number received during the quarter.
3. The number not received during the quarter (by dates).

III. Concluding numbers of periodicals which by reason of distance or date of publication can not be received within the quarter covered by this report shall be regarded as due in the following quarter and so accounted for.

IV. The report on books shall be made out as follows:

1. Number of books on hand at last report.
2. Number received during the quarter.
3. Number missing.
4. Number expended.
5. Number on hand at date of report.

V. Under "remarks" the names of the authors shall be given, and if expended the date of the authority for such expenditure shall be given.

VI. Books returned after having been reported as "missing" and "expended" shall be accounted for as "received during the quarter" in which they are returned.

FORM V.—*Quarterly return of medical stores.*

I. Form V is used only in the preparation of returns from naval medical supply depots.

II. Unless otherwise required it shall be prepared and forwarded at the end of each calendar month to the Bureau of Medicine and Surgery and shall be signed by the medical officer in command of the naval medical supply depots responsible for the stores.

III. The form shall show total receipts and total expenditures of all medical stores, the articles received and expended being classified in the order in which they appear on the supply table of the medical department of the Navy.

FORM X.—*Abstract of persons examined for the naval service.*

I. The instructions contained in article 1130, Navy Regulations, shall be strictly followed in preparing the list of persons examined (Form X).

II. Whenever any person is examined physically for enlistment in the Navy or Marine Corps, whether subsequently enlisted or rejected, his name and the particulars constituting his descriptive list shall at once be entered (Form X) by the medical officer or the senior member of the board making the examination, who shall then sign his initials on a line with the entry. This record shall be kept at every rendezvous, station, or ship where physical examinations are made and shall be retained there as the original official record of such examination.

III. Every such examination must be completed according to the official forms, and shall in no case be suspended on the recognition of a disqualifying defect.

IV. A list of persons examined, embracing the particulars on Form X, shall be kept by the boards of medical examiners, and by all medical officers charged with the physical examination of candidates for appointment as officers in the Navy, and of officers for promotion, returns of which shall be made as directed in article 1163, Navy Regulations.

V. The abstracts of enlistments and rejections shall be compiled from the list of persons examined. In this return the names shall be arranged in alphabetical order, the surname first, and in the case of rejections the cause of rejection shall be fully stated. The abstract should be sent to the Bureau in pasteboard case or in rolled form around a firm center, to avoid breaking or folding, and shall be forwarded quarterly from receiving ships, recruiting rendezvous, and shore stations, and at the end of the year and of cruise from cruising ships.

VI. Form X shall be prepared whenever and wherever men are examined for enlistment in the naval service. It shall be made out in duplicate. The original shall be forwarded to the Bureau of Medicine and Surgery at the end of each quarter

from recruiting rendezvous, receiving ships, and shore stations, and from cruising ships on the 1st of January of each year or at the end of the cruise. The duplicate copy of the abstract of enlistments shall be filed at the rendezvous, ship, station, or post.

VII. In forwarding Form X to the Bureau it shall be sent in a pasteboard tube or rolled over a firm center. As the form is incorporated in the permanent records of the Bureau, under no circumstances must it be folded.

VIII. Medical officers whose names appear opposite the names of the persons examined shall affix their signatures at the bottom of each enlistment sheet to the following certificate: "We certify that we have carefully examined, agreeably to the regulations of the Navy, the several recruits against whose names our respectve initials appear, and find that, in our opinion, those accepted are free from all bodily defects and mental infirmity which would in any way disqualify them from performing the duties for which they were intended."

IX. The following instructions shall be strictly observed in preparing the list of persons examined (Form X). The data required to make the abstract of enlistments complete is arranged under separate columns as follows:

Column 1.—Margin for binding.

Column 2.—Date of examination.

Column 3.—Name in full. The whole name (Christian, middle, and surname) to be legibly written out, without abbreviations, and correctly spelled, preference being given to the original spelling of foreigners' names, the surname to precede and to be distinguished by being underlined.

Column 4.—Rate. Enter rate in which enlisted.

Column 5.—Place of birth. Specify city, town, or other locality of birth, whatever the nationality.

Column 6.—Date of birth. Year, month, and day shall be ascertained whenever practicable.

Column 7.—Age. The age shall be expressed in years and months and not the current month.

Column 8.—Height. Height from vertex to ground shall be expressed in inches. The head must be erect, the chin neither elevated nor depressed, and feet and knees touching, the legs stiff, and the arms hanging perpendicularly.

Column 9.—Weight. The weight of recruit shall be taken with body nude, accuracy of scales to be ascertained before using.

Column 10.—Eyes. Blue, gray, blue-gray, yellow-gray; hazel (light brown), brown, bicolored (when pupillary border is of different color from rest of the iris). When the eyes are different in color, such fact shall be noted.

Column 11.—Hair. Flaxen; sandy (yellowish red); auburn (reddish brown); brown (light, dark, or very dark); black. If thin, bald, curly, straight, or woolly, such condition shall be noted.

Column 12.—Complexion. The color of the complexion as to character and degree shall be accurately described, such as pallid, sallow; fair (only when decidedly clear); ruddy; florid; dark (tawny, sunburnt, or tanned); very dark (swarthy, dusky); mulatto; negro.

Column 13.—Chest, mean circumference. The circumference of the chest shall express the mean greatest circumference after forced inspiration, and of the least circumference after forced expiration. Measurement shall be taken horizontally at the level of the nipples.

Column 14.—Chest expansion. The expansion of the chest is the difference between the greatest and least circumferences.

Column 15.—Color perception. The color sense shall be carefully determined. In conducting the examination Holmgren's method shall be employed. State degree

as well as character of defective color perception; for example, whether incompletely color blind, red blind, or green blind.

Column 16.—Vision. Vision shall be expressed as a fraction, of which the numerator will be the distance at which Snellin's 20-foot test type can be determined and the denominator 20.

Column 17.—Hearing. Hearing shall be expressed as a fraction, of which the numerator shall be the distance in inches at which the ticking of an ordinary watch can be heard and the denominator 40. If the voice is used, hearing shall be expressed as a fraction, of which the numerator shall be the distance in feet at which the voice of the examiner can be heard and the denominator 15.

Column 18.—When and where last examined. This column must show whether the applicant is undergoing his first examination. If previously examined such fact shall be noted, giving the date and place of last examination.

Column 19.—Cause of rejection. This column shall state specifically the cause or causes of rejection of the person undergoing examination, noting attacks of former illness or any evidences of personal peculiarities. All persons whose disabilities have been waived by the Department shall appear as rejections, and the waivers of such disabilities shall be indicated in red ink in this column.

Column 20.—Accepted. This column shall express whether or not the person examined has been accepted, using the terms "yes" or "no."

Column 21.—Initials of medical examiners. This column shall contain the initials of the medical officers conducting the examinations.

FORM Y.—*Priced invoice.*

I. Form Y shall be prepared in duplicate and forwarded so as to reach the Bureau not later than June 15 of each year.

II. It is intended for use at naval hospitals only, and must not be altered by erasure or interlineations.

III. The articles embraced on Form Y correspond with those on the supply table. Additional articles shall be entered alphabetically, and arranged under their proper classes.

IV. The footings and totals of the several classes must be carefully compared and entered upon the back of Form Y.

V. Medical officers in command of hospitals must certify that the quantities of the articles mentioned on Form Y were received from one of the naval medical supply depots, that the prices are correct, and that they were received during the fiscal year covered by Form Y.

FORM Z.—*List of library books.*

I. A yearly return of books shall be made in accordance with the instructions contained in article 1161, Navy Regulations.

II. This form shall be made out on the 1st of January from every hospital or station supplied with a library, giving the authors' names (alphabetically), the titles, and the number of volumes. On the first day of each subsequent quarter of the year this return shall be compared with the books on hand, and a supplementary report made of the additions and losses, if any, which have occurred during the quarter.

III. Form Z shall be forwarded at the end of each year to the Bureau of Medicine and Surgery from all hospitals and shore stations.

IV. It shall be prepared in duplicate, the original of which shall be sent to the Bureau for its permanent files; the duplicate copy shall be retained for the files of the hospital or station.

V. The data called for shall be filled out under the following columns:

1. Authors. Arranged alphabetically, surnames first.
2. Edition.
3. Titles.
4. When received.
5. Condition. Good; indifferent; worn out.
6. Lost or missing. Explanation in full.

VI. The medical officer in command of the hospital or the senior medical officer of the navy-yard or station shall certify as to the correctness of the list, and shall sign his name at the bottom of the last sheet.

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CHAPTER XXIV.

REPORTS AND RETURNS RELATING TO THE MEDICAL DEPARTMENT OF THE NAVY.

A. *Reports and returns from cruising ships.*

	Subject.	Form.	By whom sent.	Where to be sent.	When to be sent.
1	General sanitary report of station.	.....	Surgeon of the fleet.	Bureau Medicine and Surgery.	Annually.
2	Sanitary report.....	.....	Medical officer of ship.	.....do.....	Annually, January 1, and at end of cruise.
3	Abstracts of patients.	F_2	.....do.....	.....do.....	Do.
4	Abstract of enlistments.	X	.....do.....	.....do.....	Do.
5	Inventory of property.	D and Da	.....do.....	.....do.....	Annually, July 1, and at end of cruise, and when relieved.
6	Requisition for supplies.	B	.....do.....	.....do.....	Semiannually, April 1 and October 1.
7	Sanitary inspection of hospitals (foreign stations).	.....	Surgeon of the fleet.	Commander-in-chief.	Quarterly.
8	Statistical report of sick.	K	Medical officer of ship.	Bureau Medicine and surgery.	Quarterly and at end of cruise.
9	Special reports of interesting cases.	K	.....do.....	.....do.....	Do.
10	Report of microscopic work, epidemics, etc.	K	.....do.....	.....do.....	Do.
11	Abstract of patients..	F	.....do.....	.....do.....	Do.
12	Medical journal.....	.....	.....do.....	.....do.....	End of quarter in which completed.
13	Invoice of medical outfit.	B	.....do.....	.....do.....	Beginning of cruise.
14	Report of death or disability.	.....	Captain of ship.....	.....do.....	When occuring.
15	Testimony of eyewitnesses to accidents.	.....	.....do.....	.....do.....	Do.
16	Report of medical survey.	M	.....do.....	Navy Department (Bureau Medicine and Surgery).	Do.
17	Report of physical waiver.	.....	Medical officer of ship.	Bureau Medicine and Surgery.	Do.
18	Transfer of patients to and from ships on foreign stations (duplicate).	.....	.....do.....	.....do.....	Do.
19	General and special transfer of supplies.	.....	.....do.....	.....do.....	Do.
20	Certificate of death...	N.	.....do.....	.....do.....	Do.
21	Survey of medical property.	C and Ca.	.....do.....	.....do.....	When necessary and at end of cruise.
22	Tabulated aggregate of killed and wounded.	.....	Surgeon of the fleet.	.....do.....	After an engagement.
23	Report of casualties (duplicate).	.....	Medical officer of ship.	Captain and surgeon of fleet.	Do.
24	Sanitary inspection of ships.	.....	Surgeon of the fleet.	Commander in chief.	When directed.
25	Requisition for supplies.	4	Medical officer of ship.	Bureau Medicine and Surgery.	When necessary.
26	.....do.....	Ba.	.....do.....	.....do.....	Do.
27	Request for blank forms.	O.	.....do.....	.....do.....	Do.
28	Report on epidemic diseases.	.....	.....do.....	.....do.....	When occurring.

B. *Reports and returns from receiving ships, rendezvous, and shore stations.*

	Subject.	Form.	By whom sent.	Where to be sent.	When to be sent.
1	Sanitary reports	.....	Senior medical officer.	Bureau Medicine and Surgery.	Annually, Jan. 1.
2	Case papers and index from hospitals.	H.	.....do	.....do	Do.
3	Return of books	Z.	.....do	.....do	Do.
4	Abstract of patients	F_2.	.....do	.....do	Do.
5	Abstract of enlistments (except from recruiting rendezvous).	X.	.....do	.....do	Do.
6	Invoice of property	D and Da.	.....do	.....do	Annually, July 1, and whenever medical officers are relieved.
7	Priced invoices of stores received from naval medical supply depots.	Y.	Senior medical officer of hospitals.	.....do	Annually, before June 15.
8	Return of books and periodicals.	U.	Senior medical officer.	.....do	Quarterly.
9	Abstract of patients	F.	.....do	.....do	Do.
10	Statistical report of sick.	K.	.....do	.....do	Do.
11	Special reports of interesting cases.	K.	.....do	.....do	Do.
12	Microscope report	K.	.....do	.....do	Do.
13	Unpaid bills for approval.	.....	.....do	.....do	Quarterly, or when directed.
14	Requisitions for services or authorized articles.	.....	.....do	.....do	Do.
15	Abstract of enlistments (recruiting rendezvous).	X.	.....do	.....do	Quarterly.
16	Completed medical journal.	.....	.....do	.....do	Do.
17	Report of persons in hospital.	.....	.....do	Bureau of Navigation.	Do.
18	Return of medical stores from naval medical supply depots.	V.	.....do	Bureau Medicine and Surgery.	Monthly.
19	Requisitions for supplies.	B.	.....do	.....do	Semiannually, May 1 and November 1, for receiving ships and stations.
20	.....do	B.	.....do	.....do	Semiannually, March 1 and September 1, for hospitals.
21	Pay roll	R.	.....do	.....do	Monthly from stations and hospitals.
22	Report of sick	I.	.....do	.....do	Weekly from hospitals.
23	Report of medical survey.	M.	Commandant	Navy Department (Bureau Medicine and Surgery).	When occurring.
24	Certificate of death	N.	Senior medical officer.	Bureau Medicine and Surgery.	Do.
25	Waiver of physical disqualification.	.....	.....do	.....do	Do.
26	Request for survey (material).	C and Ca.	.....do	.....do	Semiannually, or when necessary.
27	Quarterly inventory	A.	.....do	.....do	Quarterly.
28	Requisition for supplies.	4	.....do	.....do	When necessary.
29	.....do	Ba.	.....do	.....do	Do.
30	Request for blank forms.	O.	.....do	.....do	Do.
31	Report of books and periodicals.	U.	.....do	.....do	Quarterly.

APPENDIX.

CHAPTER I.

UNITED STATES NAVY HOSPITAL FUND.

A. *Laws relating to its establishment.*

I. Power to receive gifts in aid of marine hospitals.—Sec. 4801, R. S.

II. Deduction from pay of officers, seamen, and marines for navy hospital fund.—Sec. 4808, R. S.

III. Appropriation of fines.—Sec. 4809, R. S.

IV. Allowance of rations to navy hospitals.—Sec. 4812, R. S.

V. Allowance from pensions.—Sec. 4813, R. S.

VI. Deductions for hospitals (from the pay of officers and enlisted men of the Marine Corps).—Sec. 1614, R. S.

VII. First annual appropriation by Congress for the support of the navy hospital fund.—Act May 4, 1878.

VIII. Pension of seamen, etc., at naval hospital. How paid.—Act March 3, 1899, amending section 4813, R. S.

IX. Hospital fund. Credit for desertion forfeitures.—Naval appropriation act, June 7, 1900.

X. Superintendence of naval hospitals.—Sec. 4807, R. S.

B. *Regulations relating to its employment.*

I. Deductions from pay of officers, seamen, and marines for hospital fund.—Art. 1173, N. R.

II. Deduction from pay of officers and men of Marine Corps for hospital fund.—Art. 1202, N. R.

III. Deduction of value of ration from account of persons in hospitals.—Art. 1247, N. R.

IV. Pension of persons in Naval Home or hospital.—Art. 1253, N. R.

C. *Information relating to the naval hospital fund.*

I. The following information based upon the laws and the regulations relating to the naval hospital fund is herewith furnished for the guidance of medical officers:

(a) THE ORIGIN OF THE NAVY HOSPITAL FUND.

I. On July 16, 1798, Congress enacted a law making suitable provision for the relief of sick and disabled seamen. The law went into effect on September 1, 1798, the first section of which provided that the master or owner of every ship or vessel of the United States arriving from a foreign port should render to the collector of the port a true account of the number of seamen employed on board such vessel, and should pay to the said collector at the rate of 20 cents per month for every seaman so employed; which sum he was authorized to retain out of the wages of such seamen.

II. Out of this fund the President of the United States was authorized to provide for the temporary relief and maintenance of sick and disabled seamen in the hospitals or other institutions then existing in the several ports of the United States.

III. The President was also authorized, under the provisions of this act, to receive donations of real or personal property in the name of the United States for the erection or support of hospitals for sick and disabled seamen.

IV. Under the same act the President was granted the necessary authority to appoint persons to be called directors of the marine hospitals in the different ports of the United States, who were entrusted with their direction and supervisory control.

V. The objects and resources of this fund, known as the "Marine hospital fund," as provided by the law July 16, 1798, were considerably enlarged by the act of March 2, 1799, which gave the Secretary of the Navy the necessary authority to deduct, after the 1st day of September, 1799, from the pay of the officers, seamen, and marines in the Navy of the United States, at the rate of 20 cents per month, and to pay the same quarter annually to the Secretary of the Treasury. It was further directed that the money so collected should be applied to the same purposes as the money collected by virtue of the act of July 16, 1798, and that it be expended in like manner under the direction of the President of the United States.

VI. By the passage of this act (March 2, 1799) the officers, seamen, and marines of the Navy of the United States were entitled to receive the same benefits and advantages as were provided by the law of July 16, 1798, for the relief of the sick and disabled seamen of the merchant vessels of the United States.

VII. On January 16, 1811, the marine-hospital fund amounted to $73,288.38, and of this amount $55,649.29 had been deducted from the pay of the officers, seamen, and marines of the Navy.

VIII. Under the provisions of the acts of July 16, 1798, and March 2, 1799, the marine-hospital fund was applicable for the relief of both merchant seamen and of officers, seamen, and marines of the Navy.

IX. The inconveniences and embarrassments which arose from the treatment of patients in the public service controlled by military law in civil hospitals, where no such restriction existed, were a source of much concern to the Navy Department, and the attention of Congress was called to the propriety of establishing by law separate institutions for the care and treatment of the sick of the Navy.

X. To remedy the evils resulting from the joint use of a fund which up to this period had been employed for the relief of the sick of the merchant service, as well as those of the Navy and Marine Corps, Congress enacted a law approved February 26, 1811, which provided for the establishment of naval hospitals. The act contained a clause which directed that $50,000 be appropriated out of the unexpended balance of the marine-hospital fund, and that this sum be paid to the Commissioners of Navy Hospitals for the purpose of a navy-hospital fund. The navy-hospital fund therefore dates its origin from the passage of this law, February 26, 1811. The same act contained a further provision designating the Secretary of the Navy, the Secretary of the Treasury, and the Secretary of War as a board of commissioners, to be known as the Commissioners of Navy Hospitals.

XI. In this act (February 26, 1811), providing for the purchase of suitable sites and the erection thereon of suitable hospital buildings, Congress specified that all expenditures for such purposes should be defrayed from the navy-hospital fund.

XII. For almost twenty years from the date of the act establishing naval hospitals the Commissioners of Navy Hospitals, owing to lack of adequate means, were unable to carry into effect the provisions thereof.

XIII. For many years after the establishment of the navy-hospital fund the money accruing to such fund was illegally expended for other purposes, the greater portion

of which was utilized in meeting the expenditures under the appropriation "Pay of the Navy."

XIV. In 1832 the navy-hospital fund was in such a condition as to be available to carry into effect the wise and beneficent system contemplated by the act of February 26, 1811, establishing naval hospitals.

XV. For the erection of such hospitals, therefore, Congress, by the act of July 10, 1832, appropriated certain specific sums from the navy-hospital fund, and directed the Secretary of the Navy to cause to be constructed for the use of the Navy proper hospitals at or near the navy-yards at Charlestown, Mass., Brooklyn, N. Y., and Pensacola, Fla. Congress further authorized the erection and completion of the Naval Asylum (Home) at Philadelphia, Pa., the expenses for such work being defrayed in part from the navy-hospital fund. As the amounts credited to this fund have never been sufficient at any time for the purposes for which established, Congress has come to the relief of the fund by making specific appropriations for the erection and completion of the several hospital establishments which have subsequently been constructed in meeting the requirements and development of the naval service.

(b) CONTINUOUS SOURCES OF REVENUE TO THE NAVY-HOSPITAL FUND.

I. By the act of March 2, 1799, section 1614, Revised Statutes, the Secretary of the Navy was authorized and directed to deduct after the 1st day of September, 1799, from the pay thereafter to become due, at the rate of 20 cents per month for each officer, seaman, and marine. Such deductions are made by the pay officers of the Navy and Marine Corps having charge of the pay accounts of the officer, seaman, and marine. The amounts so collected are transmitted quarterly to the Auditor for the Navy Department and by him placed to the credit of the navy-hospital fund.

II. Section 4812, Revised Statutes, act of February 26, 1811, provides that for every naval officer, seaman, or marine admitted into a naval hospital the institution shall be allowed one ration per day during the period that he remains under treatment in the hospital. The value of such ration is deducted from the account of the United States with such officer, seaman, or marine. The commutation price of the ration is fixed by law (sec. 1585, Rev. Stat.) at 30 cents.

III. Section 4813, Revised Statutes, act of February 26, 1811, provides that the pensions of all officers, seamen, and marines while undergoing treatment in a naval hospital shall be deducted from the accounts of such pensioners, and shall be paid to the Secretary of the Navy and credited to the navy-hospital fund. The pension agents in whose districts such pensions are paid transmits the sum due each officer, seaman, and marine during the time he remains under treatment in the hospital to the pay officers on whose books such accounts are carried, to be by them transmitted to the Auditor for the Navy Department.

IV. Section 4809, Revised Statutes, acts February 26, 1811, and July 10, 1832, provides that all fines imposed on naval officers, seamen, and marines (by sentence of court-martial) shall be paid to the Secretary of the Navy for the maintenance of naval hospitals. All credits to the naval-hospital fund from this source are adjusted in the office of the Auditor for the Navy Department.

V. The first annual appropriation ($50,000) for the support of the navy-hospital fund was provided by Congress under the act approved May 4, 1878. Since that date Congress has annually appropriated a sum varying in amount for the support of this fund.

VI. Under the act of March 3, 1899, the pensions of all beneficiaries of the Naval Home while under treatment in a naval hospital are paid to the Secretary of the Navy and placed to the credit of the naval-hospital fund.

VII. The naval appropriation act approved June 7, 1900, provides that from and after the 1st day of July, 1900, all forfeitures on account of desertion shall be passed to the credit of the naval-hospital fund. Such credits are adjusted in the office of the Auditor for the Navy Department.

(c) SPECIFIC SOURCES OF REVENUE TO THE NAVY-HOSPITAL FUND.

I. The first specific appropriation for the naval-hospital fund dates from the act of February 26, 1811, providing for the establishment of naval hospitals, when Congress appropriated for the purpose $50,000 from the marine-hospital fund.

II. By the act of March 3, 1855, section 6, 10 acres of the land belonging to the naval hospital, Chelsea, Mass., were set apart by Congress for the use of the marine hospital of the district of Boston and Charlestown. Several years after the passage of this law Congress, by an act approved June 12, 1858, directed that the value of the land that belonged to the naval hospital at Chelsea, Mass., and that had been ceded to the Treasury Department for the purposes of a marine hospital, should be ascertained, and that the sum fixed upon should be credited to the naval-hospital fund. The value of the land was appraised at $50,000, and this amount was accordingly placed to the credit of the naval-hospital fund.

III. By an act approved July 2, 1890, Congress authorized the sale and transfer to the city of Brooklyn of a little more than 2 acres of the land belonging to the United States naval hospital, Brooklyn. A clause in this act directed that the value of the land so ceded should be fixed and determined by a board of three appraisers to be appointed by the Secretary of the Navy. The board, whose report was approved by the Secretary of the Navy, appraised the land at $92,000, which amount was paid into the Treasury by the city of Brooklyn and was placed to the credit of the naval-hospital fund.

(d) OBJECTS OF EXPENDITURE FROM THE NAVY-HOSPITAL FUND.

I. All expenses, including medical and surgical supplies, provisions, fuel, and other incidental expenses, in connection with the maintenance and support of naval hospitals, and for the support of naval patients while undergoing treatment in such establishments, are a proper charge against the naval-hospital fund.

II. The necessary expenses connected with the care, maintenance, and treatment of officers, seamen, and marines in civil hospitals, at home and abroad, are also borne by the naval-hospital fund.

CHAPTER II.

NAVY PENSION FUND.

A. *Laws relating to the navy pension fund.*

I. Secretary of Navy trustee of navy pension fund.—Sec. 4750, R. S.

II. Penalties, how to be sued for, etc.—Sec. 4751, R. S.

III. Prize money accruing to the United States to remain a fund for pensions.—Sec. 4752, R. S.

IV. Navy pension fund, how to be invested.—Sec. 4753, R. S.

V. Rate of interest on navy pension fund.—Sec. 4754, R. S.

VI. Navy pensions payable from fund.—Sec. 4755, R. S.

VII. Half rating to disabled enlisted persons serving twenty years in Navy or Marine Corps.—Sec. 4756, R. S., amended by act December 23, 1886.

VIII. Serving not less than ten years, may receive what aid.—Sec. 4757, R. S., amended by act December 23, 1886.

IX. Deposit of collections for depredations.—Act April 30, 1878.

B. *Regulations relating to the navy pension fund.*

I. Pensions of persons in naval home or hospital.—Art. 1253, N. R.

II. Service pensions to disabled enlisted men.—Art. 1266, pars. (1), (2), N. R.

III. Official returns of death or disability.—Art. 1267, N. R.

C. *Information relating to the navy pension fund.*

I. Medical officers are required to make themselves familiar with the laws, regulations, and information relating to the navy pension fund.

II. The navy pension fund dates its origin from March 2, 1799, when Congress enacted a law providing that every officer, seaman, or marine disabled in the line of his duty should be entitled to receive for his own life, and the life of his wife, if a married man at the time of receiving the wound, one-half his monthly pay.

III. The same act further provided that all money accruing or which had accrued from the sale of prizes should be and remain forever a fund for the payment of the half pay to the officers and seamen who should be entitled to receive the same, and if the fund should be insufficient for this purpose, the public faith was pledged to make up the deficiency; but if it should be more than sufficient, the surplus should be applied as Congress should direct to the making of further provision for the comfort of disabled officers, seamen, and marines, and for such as might not be disabled, but who by their bravery or their long and faithful services might merit the gratitude of their country.

IV. The act of March 2, 1799, also provided for the management of the navy pension fund by a commission consisting of the Secretaries of the Navy, War, and Treasury, who were authorized to receive all such sums as the United States might be entitled to from the sale of prizes, and to invest the same and the interest arising therefrom in such of the 6 per cent or other stock of the United States as a majority of the commission should deem most advantageous. The commissioners were further directed to lay before Congress every year, in the first week of its annual meeting, a minute and correct statement of their proceedings in relation to the management of the navy pension fund.

V. The act for the better government of the Navy, approved April 23, 1800, repealed the act of March 2, 1799, although reenacting many of its features. The provisions as to the management of the fund were reenacted with a proviso that it might be invested in any manner which a majority of the commissioners might deem most advantageous. The effect of this law repealed the clause in the act of March 2, 1799, directing that the navy pension fund be invested in 6 per cent interest or other stock.

VI. An act approved March 26, 1804, amended the act of March 2, 1799, and directed that the money accruing from the capture of prizes should be paid to the Treasurer of the United States. The Treasurer was required to disburse the navy pension fund on warrants issued by the Secretary of the Navy, countersigned by the accountant of the Navy, who by law was authorized to receive and settle all accounts relating to the navy pension fund. By the same act the commissioners were authorized and directed to make such regulations as appeared to them expedient for the admission of persons on the roll of navy pensioners and for the payment of pensions.

VII. The act of April 16, 1816, provided that the money accruing from the sale of captured prizes should be paid over by the United States district court to the Treasurer of the United States on account of the navy pension fund.

VIII. The act of March 2, 1831, providing that all forfeitures collected from persons depredating upon the reserve timber lands should be credited to the navy pension fund, was repealed by the act of April 30, 1878, which provided that all moneys derived from this source should be covered into the Treasury of the United States, as is the case with other moneys received from the sale of public lands.

IX. By the act of July 10, 1832, the duties of the commissioners ceased, and the Secretary of the Navy was made the trustee of the pension fund, and who was intrusted with the payments of all navy pensions out of it. By the same act Congress directed that the fund be invested in stock of the Bank of the United States.

X. The act of March 2, 1832, created the office of Commissioner of Pensions and provided that navy pensions should be paid by the Commissioner of Pensions from the navy pension fund, under the direction of the Secretary of the Navy.

XI. By the act of March 3, 1849, the Department of the Interior was created and the Pension Office was transferred to this Department from the War Department. The Pension Office was transferred from the Navy Department to the War Department by the act of March 3, 1835.

XII. The act of July 17, 1862 (section 4752, R. S.), for the better government of the Navy, reenacted the former provisions of law relative to the money accruing to the United States from the sale of prizes, such money to remain forever a fund for the payment of pensions to officers, seamen, and marines entitled to receive them.

XIII. The act of July 1, 1864 (section 4753, R. S.), directed the Secretary of the Navy, as trustee, to invest the navy pension fund in registered securities of the United States, and further directed that the interest, payable in coin, was to be exchanged for legal currency of the United States, and to be placed to the credit of the navy pension fund.

XIV. An act approved July 23, 1868 (section 4754, R. S.), known as the Butler Act, reduced the rate of interest on the bonds in which the navy pension fund was invested from 6 per cent in gold to 3 per cent per annum in lawful money.

XV. The report of the Auditor for the Navy Department for the fiscal year ended June 30, 1905, shows that the money accruing to the navy pension fund from the sale of prizes captured during the Spanish-American war amounted to $723,770.46.

XVI. The pension fund from the sale of prizes amounted, on July 23, 1868, to $14,000,000, with an annual income, derived from the interest at 3 per cent, of $420,000.

XVII. Since 1870 the amount derived from the interest on this fund has been inadequate to pay all navy pensions, and the provision of law which pledges the public faith to make up the deficiency has been brought into operation by annual appropriations subsequent to the above date.

XVIII. The average annual expenditure for navy pensions for the past five years has amounted to about $3,950,000, and the income from the navy pension fund available for the payment of navy pensions, during the above-mentioned period, has been less than 10 per cent of the amount required for that purpose, and it is improbable that the interest on the navy pension fund will ever again be sufficient to meet such payments.

XIX. The naval appropriation act approved March 12, 1870, contained a clause which provided that the present and all future appropriations for the support of the United States Naval Asylum (Home) should be charged to and paid from the income of the navy pension fund. The amount appropriated by Congress annually for the maintenance of the Home is about $75,000, which reduces the interest available from this fund for the annual payment of navy pensions to less than $400,000.

XX. Section 4753 of the Revised Statutes provides that nothing contained therein relative to the investment of the interest on the navy pension fund shall be construed to interfere with the payment of navy pensions under the supervision of the Secretary of the Interior, as regulated by law.

XXI. The interest on the navy pension fund is paid semiannually and deposited to the credit of the Secretary of the Navy as trustee of the navy pension fund. Congress appropriates annually for pensions, embracing navy pensions, and the Secretary of the Treasury issues appropriation warrants by which the interest on the pension fund is carried—

(a) To the Department of the Interior Pension Ledger;

(b) To the amount appropriated by Congress for the maintenance of the Naval Home.

XXII. The Secretary of the Navy does nothing more than to cause the proper entries to be made on the appropriation ledger for the Navy Department, except to draw for the sum specified by law for the support of the Naval Home. The amount for navy pensions is drawn by requisition of the Secretary of the Interior.

XXIII. Section 4755 of the Revised Statutes provides that navy pensions shall be paid from the navy pension fund, but that no payment shall be made therefrom except upon appropriations authorized by Congress.

XXIV. Other charges against the interest of the navy pension fund are those provided for in the acts approved March 2, 1867, and December 23, 1886 (secs. 4756 and 4757, Rev. Stat.).

XXV. Section 4756 of the Revised Statutes, amended by act December 23, 1886, provides that "There shall be paid out of the naval pension fund to every person who, from age or infirmity, is disabled from sea service, but who has served as an enlisted person or as an appointed petty officer, or both, in the Navy or Marine Corps for the period of twenty years, and not been discharged for misconduct, in lieu of being provided with a home in the Naval Asylum, Philadelphia, if he so elects, a sum equal to one-half the pay of his rating at the time he was discharged, to be paid to him quarterly, under the direction of the Commissioner of Pensions; and applications for such pension shall be made to the Secretary of the Navy, who, upon being satisfied that the applicant comes within the provisions of this section, shall certify the same to the Commissioner of Pensions, and such certificate shall be his warrant for making payment as herein authorized."

XXVI. Section 4757 of the Revised Statutes, amended by act December 23, 1886, provides that "Every disabled person who has served in the Navy or Marine Corps as an enlisted man or as an appointed petty officer, or both, for a period not less than ten years, and not been discharged for misconduct, may apply to the Secretary of the Navy for aid from the surplus income of the naval pension fund; and the Secretary of the Navy is authorized to convene a board of not less than three naval officers, one of whom shall be a surgeon, to examine into the condition of the applicant, and to recommend a suitable amount for his relief and for a specified time, and

upon the approval of such recommendation by the Secretary of the Navy, and certificate thereof to the Commissioner of Pensions, the amount shall be paid in the same manner as is provided in the preceding section for the payment to persons disabled by long service in the Navy; but no allowance so made shall exceed the rate of a pension for full disability corresponding to the grade of the applicant, nor, if in addition to a pension, exceed one-fourth the rate of such pension."

XXVII. Upon the approval of the recommendation of the board by the Secretary of the Navy, he shall certify the same to the Commissioner of Pensions, and such certificate is the Commissioner's authority for making payment to the applicant.

XXVIII. Pensions granted under sections 4756 and 4757 of the Revised Statutes are wholly under the control of the Secretary of the Navy, to whom application should be made.

XXIX. Pensions granted under sections 4756 and 4757 of the Revised Statutes commence from the date of the filing of the application in the Navy Department.

XXX. Where a sailor or marine is pensioned under the provisions of section 4756 of the Revised Statutes, and where he has also established a claim for pension under the general law for disability contracted in the service and in the line of duty, or under the act of June 27, 1890, a certificate consolidating such pensions is issued, and he is entitled to receive the allowance granted under section 4756, Revised Statutes, in addition to the pension granted him by the Pension Office, either under the general law or under the act of June 27, 1890.

XXXI. Whenever the Secretary of the Navy certifies to the Pension Office, under the provisions of section 4757, Revised Statutes, that a person who has served ten years in the Navy or Marine Corps is entitled to aid from the surplus income of the navy pension fund, in addition to a pension granted by the Pension Office, either under the general law or under the act of June 27, 1890, a certificate covering both allowances is issued by the Pension Office.

XXXII. Under the provisions of sections 4756 and 4757 of the Revised Statutes it is not necessary for applicants to prove the fact of the incurrence of disabilities in the line of duty. The law requires them to show only that their record complies with the provisions contained in these sections as to the length of time they shall have served, and that during their service they have not been discharged for misconduct.

XXXIII. All pensions received under the general pension laws or under sections 4756 and 4757 of the Revised Statutes must be surrendered by pensioners upon their admission into the Naval Home. The pensions of all pensioners during the period that they remain in the Home are credited to the navy pension fund. The pension agent on whose books the names of such pensioners are borne withholds payments from the date of notification by the governor of the Naval Home of the names of the pensioners who have been admitted as inmates into that institution.

XXXIV. The pension agent, at the end of each quarter, forwards to the pay officer of the Home a check covering the amount of stopped pensions. This check is forwarded by the paymaster in his next quarterly returns to the Auditor for the Navy Department, by whom it is deposited to the credit of the navy pension fund.

XXXV. If a pensioner under section 4756 of the Revised Statutes presents himself for reenlistment and is rejected, but his disqualification is waived by the Department, his pension during his enlistment is suspended, but is restored to him at the date of his discharge. If a pensioner presents himself for reenlistment and is found physically qualified for service, his pension terminates, and upon his discharge from the service it is necessary for him in order to reobtain pension to file a new application, furnishing information as to the additional service, and if his claim be allowed the rate of pension depends upon his rating when last discharged.

XXXVI. A pension granted under the provisions of section 4757 of the Revised Statutes, for a specified time, terminates upon reenlistment.

CHAPTER III.

GENEVA CONVENTION.

The convention between the United States, Baden, Switzerland, Belgium, Denmark, Spain, France, Hesse, Italy, Netherlands, Portugal, Prussia, Wurttemberg, Sweden, Greece, Great Britain, Mecklenburg-Schwerin, Turkey, Bavaria, Austria, Russia, Persia, Roumania, Salvador, Montenegro, Servia, Bolivia, Chile, Argentine Republic, Peru, and Japan; with additional articles: For the amelioration of the wounded in armies in the field; concluded August 22, 1864; acceded to by the President March 1, 1882; accession concurred in by the Senate March 16, 1882; proclaimed as to the original convention, but with reserve as to the additional articles, July 26, 1882; commonly known as the Geneva Convention, is as follows:

ORIGINAL CONVENTION.

ARTICLE I. Ambulances and military hospitals shall be acknowledged to be neuter, and as such shall be protected and respected by belligerents so long as any sick or wounded may be therein.

Such neutrality shall cease if the ambulances or hospitals should be held by a military force.

ART. II. Persons employed in hospitals and ambulances, comprising the staff for superintendence, medical service, administration, transport of wounded, as well as chaplains, shall participate in the benefit of neutrality while so employed and so long as there remain any wounded to bring in or to succor.

ART. III. The persons designated in the preceding article may, even after occupation by the enemy, continue to fulfill their duties in the hospitals or ambulance which they serve, or may withdraw in order to rejoin the corps to which they belong.

Under such circumstances, when these persons shall cease from their functions, they shall be delivered by the occupying army to the outposts of the enemy.

ART. IV. As the equipment of military hospitals remains subject to the laws of war, persons attached to such hospitals can not, in withdrawing, carry away any articles but such as are their private property.

Under the same circumstances an ambulance shall, on the contrary, retain its equipment.

ART. V. Inhabitants of the country who may bring help to the wounded shall be respected, and shall remain free. The generals of the belligerent powers shall make it their care to inform the inhabitants of the appeal addressed to their humanity, and of the neutrality which will be the consequence of it.

Any wounded man entertained and taken care of in a house shall be considered as a protection thereto. Any inhabitant who shall have entertained wounded men in his house shall be exempted from the quartering of troops, as well as from a part of the contributions of war which may be imposed.

ART. VI. Wounded or sick soldiers shall be entertained and taken care of, to whatever nation they may belong.

Commanders in chief shall have the power to deliver immediately to the outposts of the enemy soldiers who have been wounded in an engagement, when circumstances permit this to be done, and with the consent of both parties.

Those who are recognized, after their wounds are healed, as incapable of serving, shall be sent back to their country.

The others may also be sent back on condition of not again bearing arms during the continuance of the war.

Evacuations, together with the persons under whose directions they take place, shall be protected by an absolute neutrality.

ART. VII. A distinctive and uniform flag shall be adopted for hospitals, ambulances, and evacuations. It must, on every occasion, be accompanied by the national flag. An arm badge (brassard) shall also be allowed for individuals neutralized but the delivery thereof shall be left to military authority.

The flag and the arm badge shall bear a red cross on a white ground.

ART. VIII. The details of execution of the present Convention shall be regulated by the commanders in chief of belligerent armies, according to the instructions of their respective governments, and in conformity with the general principles laid down in this Convention.

ADDITIONAL ARTICLES.

ARTICLE I. The persons designated in Article II of the Convention shall, after the occupation by the enemy, continue to fulfill their duties, according to their wants, to the sick and wounded in the ambulance or the hospital which they serve. When they request to withdraw, the commander of the occupying troops shall fix the time of departure, which he shall only be allowed to delay for a short time in case of military necessity.

ART. II. Arrangements will have to be made by the belligerent powers to insure to the neutralized person, fallen into the hands of the army of the enemy, the entire enjoyment of his salary.

ART. III. Under the conditions provided for in Articles I and IV of the Convention, the name "ambulance" applies to field hospitals and other temporary establishments, which follow the troops on the field of battle to receive the sick and wounded.

ART. IV. In conformity with the spirit of Article V of the Convention, and to the reservations contained in the protocol of 1864, it is explained that for the appointment of the charges relative to the quartering of troops, and of the contributions of war, account only shall be taken in an equitable manner of the charitable zeal displayed by the inhabitants.

ART. V. In addition to Article VI of the Convention it is stipulated that, with the reservation of officers whose detention might be important to the fate of arms and within the limits fixed by the second paragraph of that article, the wounded fallen into the hands of the enemy shall be sent back to their country, after they are cured, or sooner if possible, on condition, nevertheless, of not again bearing arms during the continuance of the war.

ARTICLES CONCERNING THE MARINE.

ART. VI. The boats which, at their own risk and peril, during and after an engagement pick up the shipwrecked or wounded, or which having picked them up, convey them on board a neutral or hospital ship, shall enjoy, until the accomplishment of their mission, the character of neutrality, as far as the circumstances of the engagement and the position of the ships engaged will permit.

The appreciation of these circumstances is intrusted to the humanity of all the combatants. The wrecked and wounded thus picked up and saved must not serve again during the continuance of the war.

ART. VII. The religious, medical, and hospital staff of any captured vessel are declared neutral, and, on leaving the ship, may remove the articles and surgical instruments which are their private property.

ART. VIII. The staff designated in the preceding article must continue to fulfill their functions in the captured ship, assisting in the removal of the wounded made by the victorious party; they will then be at liberty to return to their country, in conformity with the second paragraph of the first additional article.

The stipulations of the second additional article are applicable to the pay and allowance of the staff.

ART. IX. The military hospital ships remain under martial law in all that concerns their stores; they become the property of the captor, but the latter must not divert them from their special appropriation during the continuance of the war.

ART. X. Any merchant ship, to whatever nation she may belong, charged exclusively with removal of sick and wounded, is protected by neutrality; but the mere fact, noted on the ship's books, of the vessel having been visited by an enemy's cruiser, renders the sick and wounded incapable of serving during the continuance of the war. The cruiser shall even have the right of putting on board an officer in order to accompany the convoy, and thus verify the good faith of the operation.

If the merchant ship also carries a cargo, her neutrality will still protect it, provided that such cargo is not of a nature to be confiscated by the belligerents.

The belligerents retain the right to interdict neutralized vessels from all communication, and from any course which they may deem prejudicial to the secrecy of their operations. In urgent cases special conventions may be entered into between commanders in chief, in order to neutralize temporarily and in a special manner the vessels intended for the removal of the sick and wounded.

ART. XI. Wounded or sick sailors and soldiers, when embarked, to whatever nation they may belong, shall be protected and taken care of by their captors.

Their return to their own country is subject to the provisions of Article VI of the Convention, and of the additional Article V.

ART. XII. The distinctive flag to be used with the national flag, in order to indicate any vessel or boat which may claim the benefits of neutrality, in virtue of the principles of this Convention, is a white flag with a red cross. The belligerents may exercise in this respect any mode of verification which they may deem necessary.

Military hospital ships shall be distinguished by being painted white outside, with green strake.

ART. XIII. The hospital ships which are equipped at the expense of the aid societies, recognized by the governments signing this Convention, and which are furnished with a commission emanating from the sovereign, who shall have given express authority for their being fitted out, and with a certificate from the proper naval authority that they have been placed under his control during their fitting out and on their final departure, and that they were then appropriated solely to the purpose of their mission, shall be considered neutral, as well as the whole of their staff. They shall be recognized and protected by the belligerents.

They shall make themselves known by hoisting, together with their national flag, the white flag with a red cross. The distinctive mark of their staff while performing their duties shall be an armlet of the same colors. The outer painting of these hospital ships shall be white, with red strake.

These ships shall bear aid and assistance to the wounded and wrecked belligerents, without distinction of nationality.

They must take care not to interfere in any way with the movements of the combatants. During and after the battle they must do their duty at their own risk and peril.

The belligerents shall have the right of controlling and visiting them. They will be at liberty to refuse their assistance, to order them to depart, and to detain them if the exigences of the case require such a step.

The wounded and wrecked picked up by these ships can not be reclaimed by either of the combatants, and they will be required not to serve during the continuance of the war.

ART. XIV. In naval wars any strong presumption that either belligerent takes advantage of the benefits of neutrality with any other view than the interest of the sick and wounded gives to the other belligerant, until proof to the contrary, the right of suspending the Convention, as regards such belligerent.

Should this presumption become a certainty, notice may be given to such belligerent that the Convention is suspended, with regard to him, during the whole continuance of the war.

ART. XV. The present act shall be drawn up in a single original copy, which shall be deposited in the archives of the Swiss Confederation.

The additional articles have been acceded to by the United States, and signed on behalf of Great Britain, Austria, Baden, Bavaria, Belgium, Denmark, France, Netherlands, North Germany, Sweden and Norway, Switzerland, Turkey, and Wurttemberg, but will not acquire full force and effect as an international treaty until the exchange of the ratification thereof between the several contracting states shall have been effected.

Page.
Chart, clinical 140
Circular, relating to examination for Naval Academy 50
Clothing, for tropical wear 108, 109
Collateral subjects, in examnaition for assistant surgeon 21
Commander in chief, sanitary duties of 107
Convention, Geneva, articles of 156, 157, 158, 159
Crew, instruction of, in first aid 28, 32
Deaths:
  Certificate of 44, 45, 67, 68, 139
  Laws relating to 67
Decisions of Comptroller, on—
  Certificate of death 67
  Funeral expenses 67
  Medicines and medical attendance 67
Desertions, laws relating to 27
Disabled, transfer of 38
Diseases:
  Benefited at Hot Springs, Ark 41
  Classification of 124
  Concealed, regulation relating to 27
  Nomenclature of 124
  Quarantinable 115
Disinfectants, instructions for use of 116, 117, 118, 119
Disinfection of ships, instructions relating to 109, 116, 117, 118, 119
Disqualifications, physical:
  General, in recruits 55
  Special, in recruits 56, 57, 58
Dressing stations:
  Aboard ship 121
  Ashore 123
Drills, for Hospital Corps 26, 32
Educational standard of recruits 53
Efficiency record, of Hospital Corps 34
Emergencies, preparation for 28
Employees, regulations relating to 13, 29, 30
Enlistments:
  In Hospital Corps 30, 31
  In Navy and Marine Corps—
    Instructions relating to 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63
    Laws relating to 52
  Regulations relating to 52
Epidemics, regulations relating to 28
Estimates:
  Form of 15, 16
  Instructions relating to form of (blank) 14
  Laws relating to 13
Examinations:
  At Naval Medical School 24
  For appointment as assistant surgeon 18, 19, 20, 21
  For appointment as acting assistant surgeon 21
  For promotion 22, 23, 49
  Of candidates in Hospital Corps 30, 31
  Of candidates for appointment as officers 48
  Of candidates for admission to Naval Academy 50
  Of recruits 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63
  Post-mortem 47
Expeditionary forces, sanitary instructions for 25
Expenses:
  Estimates for, Bureau of Medicine and Surgery 13
  Of candidates for enlistment in Hospital Corps 31
  Of candidates for appointment in Medical Corps 21
  Of funeral 43, 45, 68, 69, 70, 71
  Of men condemned by survey 64
  Of patients at hospitals other than naval 38
  Of transportation of sick 39
  In transfer of insane 43, 45
Eyes, classification of color of 61

Page.
Families, of officers, attendance on 29
Feet, examination of, in recruits 54
First aid, instructions in 26, 28
Fitting out, duties of medical officers when 27
Fleet staff 25, 26, 107
Fleet, surgeon of. (*See* Surgeon of the fleet.)
Formaldehyde, as a disinfectant 117
Formalin, as a disinfectant 118
Food:
  Regulations relating to 27
  Used for landing parties 111
Forms:
  Blank (letter) 127
  Of application for appointment as assistant surgeon 19
  Of estimates of appropriation 15, 16
  Requests for 140
Funds:
  Naval hospital—
    Laws and regulations relating to 148
    Objects of expenditure from 151
    Origin of 148, 149, 150
    Sources of revenue to 150, 151
  Navy pension:
    Information relating to 152, 153, 154, 155
    Laws and regulations relating to 152
Funeral expenses:
  Instructions relating to 69, 70
  Laws relating to 67
  Of insane 43, 45
  Regulations relating to 67, 68
General service men, enlistment of 52, 53
Geneva Convention, articles of 156, 157, 158, 159
Hair, scale of colors of 61
Health, bills of 115
Hearing:
  Examination of 55
  In candidates for Naval Academy 51
  In candidates for appointment as officers 49
Heads, regulation relating to inspection of 27
Hospitals:
  Army and Navy, Hot Springs, Ark 40
  Base 122, 123
  Field 123
  Government Hospital for Insane 42
  Mendocino State Hospital 44
  Naval. (*See* Naval hospitals.)
Hospital apprentices:
  Age and qualifications of 31
  Pay of 32
  Regulations relating to 30
Hospital apprentices, first class:
  Age and qualifications of 31
  Pay of 32
  Regulations relating to 30
Hospital Corps:
  Drill for 26, 32
  Duties of, in battle 120, 123
  Instructions relating to 30
  Instructions of 32, 34
  Laws relating to 30
  Pay of 32
  Regulations relating to 30
Hospital stewards:
  Age and qualifications of 31
  Pay of 32
  Regulations relating to 30
Hospital ticket, instructions relating to 133, 134

Page.

Insane:
Government Hospital for ... 42
Laws relating to ... 42, 44
Mendocino State Hospital for ... 44
Instruction:
Course of, at medical school ... 24
Of crew, in first aid ... 26, 28, 32
Of Hospital Corps ... 32
Sanitary, afloat ... 108
Sanitary, for landing parties ... 110
Intoxicants:
Regulations relating to ... 27
Use of, in Hospital Corps ... 31
Use of, in recruits ... 53
Inventory:
Quarterly ... 128
Of property, instructions relating to ... 131
Invoices:
Naval medical supply depot, priced ... 77
Regulations and instructions relating to ... 78, 128, 144
Journal, Medical:
Instructions relating to ... 46
Regulations relating to ... 28 46
Killed and wounded, regulations relating to ... 25, 27
Landing parties, sanitary instructions for ... 110
Latrines, situation and care of ... 111
Laws, statute, relating to:
Appropriations ... 15
Army and Navy Hospital, Hot Springs, Ark ... 40
Bureau of Medicine and Surgery ... 13
Certificate of death ... 67
Enlistments in Navy ... 52
Enlistments in Marine Corps ... 52
Examination of candidates for appointment as officers ... 48
Examination of candidates for Naval Academy ... 50
Examination of officers for promotion ... 49
Funeral expenses ... 67
Government Hospital for Insane ... 42
Medical Corps, organization of, and appointment in ... 18
Medicines and medical attendance ... 67
Mendocino (Cal.) State Hospital ... 44
Naval hospitals ... 33
Naval hospital fund ... 148
Navy pension fund ... 152
Promotions ... 21
Quarantine and bills of health ... 115
Surgeon of the fleet ... 25
Leave, regulations relating to ... 27, 28
List:
Of library books ... 144, 145
Special diet ... 140
Malingering, regulation regarding ... 27
Malta, water of ... 110
Marine Corps:
Enlistments in—
Laws relating to ... 52
Instructions relating to ... 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63
Regulations relating to ... 52, 53
Funeral expenses in ... 70, 71
Marks, identification, in recruits ... 61, 62
Measures. (*See* Weights and Measures.)
Medical aid, to civilians, regulation relating to ... 27
Medical attendance. (*See* Attendance.)
Medical Corps:
Examination of, for promotion ... 23
Laws and regulations relating to ... 18
Vision required in ... 23
Medical Department, organization of, in battle ... 120, 121, 122, 123

	Page.
Medical officers:	
Assignments of, to medical school	24
Duties of	27, 28, 29
General instructions for, at hospitals	37
In command of hospitals	33
Instructions relating to duties afloat	28
Laws relating to	18, 27
Rank and title of	18
Regulations relating to	27, 28, 29
Medical inspectors, examination of, for promotion	23
Medical Journal. (*See* Journal.)	
Medical officers, junior:	
Duties of	28, 36
Regulations relating to	27, 28
Medical officers, senior:	
Regulations relating to	27, 28, 33, 34
Sanitary duties of	107
Medical outfits from medical supply depots	79
Medical School, U. S. Naval. (*See* School, U. S. Naval Medical.)	
Medical stores. (*See* Stores.)	
Medical surveys. (*See* Surveys.)	
Medicines, laws and regulations relating to	13, 67
Mendocino State Hospital. (*See* Hospital.)	
Metric system:	
Instructions relating to	105
Tabular statement of	104
Microscopes, regulation relating to	27
Minors:	
Enlistment of, as apprentice seaman	58
Laws relating to enlistment of	52
Naval Academy, examination of candidates for	50
Naval hospital fund. (*See* Funds.)	
Naval hospitals:	
Duties of medical officers at	29
Inspection of	25, 34, 35
Instructions relating to	33
Laws relating to	33
Regulations relating to	13, 33
Sanitary reports on	112
Naval medical supply depots:	
Outfits and supplies from	79
Priced invoices of	77
Regulations relating to	13
Navy-yards:	
Duties of medical officers at	29
Sanitary reports on	112
Nomenclature of diseases, instructions relating to	124
Outline figure card, form of and instructions relating to	60
Officers:	
Examination of, for promotion	49
Funeral expenses of	69
Officers, medical. (*See* Medical officers.)	
Officer of the day, at hospitals	37
Outfits, medical. (*See* Medical outfits.)	
Passed assistant surgeons, examination for promotion	22, 23
Patients:	
At naval hospitals	34, 35
For Army and Navy Hospital, Hot Springs, Ark	40
For Government Hospital for Insane	42
For Mendocino (Cal.) State Hospital	44
In hospitals other than naval	28, 38
Quarterly abstract of	132
Received for passage to United States	28
Records to accompany transfer of	38, 41, 44, 45
Register of	132
Transfer of	27, 38
Yearly abstract of	133

Page.

Pay:
- Of Hospital Corps ... 32
- Roll ... 29, 140
- When under treatment in hospital ... 38

Pay Corps, vision required in ... 49
Pension fund. (*See* Funds.)
Personnel, surveys on ... 64
Pharmacists:
- Rank and pay of ... 32
- Regulations relating to ... 30
- Vacancies in grade, how filled ... 31

Ports:
- Precautions to be observed when unhealthy ... 108
- Regulations relating to ... 27
- Reports on sanitary condition of ... 113, 114

Prisoners, inspection of regulation relating to ... 27
Promotions:
- Examinations for ... 21, 22, 23
- In Hospital Corps, examination for ... 30, 31
- Laws relating to ... 21
- Regulations relating to ... 21

Property:
- Accountability of ... 79
- Inventory of ... 131
- Surveys on ... 65, 130

Provisions, regulations relating to inspection of ... 27
Public bills (vouchers):
- Instructions relating to ... 77
- Regulations relating to ... 72

Quarantine:
- Laws, regulations, and instructions relating to ... 115
- Of camps ... 111

Quarters, general, duties of surgeon at ... 121
Rank and title, regulations relating to ... 13, 18
Ration notice ... 141
Receipts:
- Instructions relating to ... 78
- Regulations relating to ... 78

Records to accompany patients, when transferred:
- From one ship or station to another ... 38
- To Army and Navy Hospital, Hot Springs, Ark ... 41
- To Government Hospital for Insane ... 44
- To Mendocino (Cal.) State Hospital ... 45

Recruiting rendezvous. (*See* Rendezvous.)
Recruits:
- Causes of rejection of ... 54, 55, 56, 57, 58
- Examination of, for Hospital Corps ... 30, 31
- Examination of, for Navy and Marine Corps. 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63

Reenlistments, physical defects in ... 54
Register of patients, instructions relating to ... 132
Regulations relating to:
- Appointments in Medical Corps ... 18
- Army and Navy Hospital, Hot Springs, Ark ... 40
- Blank forms ... 127
- Certificate of death ... 67, 68
- Duties of junior medical officer ... 28, 29
- Duties of senior medical officer ... 27, 29
- Duties of senior and junior medical officers ... 27, 29
- Defining duties of Bureau of Medicine and Surgery ... 13
- Enlistments in Navy and Marine Corps ... 52, 53, 58
- Examination of candidates for appointment as officers ... 48
- Examination of officers for promotion ... 49
- Fleet staff ... 25
- Funeral expenses ... 67, 68
- Hospital Corps ... 30
- Medical School ... 24
- Medical supplies and services ... 72
- Medicines and medical attendance ... 67
- *Naval hospitals* ... 33

Page.

Regulations relating to—Continued.
- Naval hospital fund ... 148
- Navy pension fund ... 152
- Promotions ... 21
- Public bills ... 72
- Quarantine and bills of health ... 115
- Requisitions and supplies ... 79
- Sanitary duties ... 107
- Sanitary reports ... 111
- Surgeon of the fleet ... 25
- Survey on material ... 65
- Survey on personnel ... 64
- Transfer of sick and disabled ... 38

Rejection:
- Causes of, in examination for assistant surgeon ... 20
- Causes of, in examination of recruits ... 54, 55, 56, 57, 58

Relief stations, in battle, aboard ship ... 120
Rendezvous, recruiting, reports and returns from ... 146, 147
Reports:
- Of books and periodicals ... 141
- Of sick ... 135
- Sanitary ... 107, 111, 112, 113
- Statistical ... 136, 137

Reports and returns:
- From cruising ships ... 146
- From receiving ships, rendezvous, and shore stations ... 147

Requisitions:
- Approval of ... 25
- Classification of ... 74
- Instructions relating to ... 73, 79, 128, 129, 130
- Naval medical supply depot ... 74
- Regulations relating to ... 79

Research work at medical school ... 24
Retirements, laws relating to ... 18
Sanitary instructions:
- Afloat ... 108
- For landing parties ... 110

Sanitary regulations. (*See* Regulations.)
Sanitary reports. (*See* Reports.)
School, U. S. Naval Medical:
- Assignments to ... 24
- Course of instruction at ... 24
- Instructions relating to ... 24
- Regulations relating to ... 24
- Research work at ... 24

Services:
- Laws relating to ... 72
- Regulations relating to ... 72

Ships:
- Disinfection of ... 109, 118, 119
- Reports and returns from ... 146, 147
- Sanitary reports relating to ... 113

Sick:
- Morning report of ... 135
- Regulations relating to ... 27, 30
- Transfer of ... 38
- Weekly report of ... 135

Sick-bay:
- Recorder for ... 32
- Regulations regarding ... 27

Spirits, regulations relating to ... 28
Staff, fleet ... 25
Stations:
- Dressing, in battle ... 121
- Relief, in battle ... 120
- Shore, reports and returns from ... 146, 147
- Shore, sanitary reports of ... 112

Statistical reports, instructions relating to ... 136
Steam, as a disinfectant ... 116

	Page.
Stewards, hospital. (*See* Hospital stewards.)	
Storeroom, medical, regulations regarding	28
Stores, medical:	
Care and expenditure of, by pharmacists	30
For fleet (regulation)	25
Invoice and receipts of	78
Loss of	28
Quarterly returns of	142
Transfer of	78
Student officers, at Medical School	24
Sulphur dioxide, as a disinfectant	116
Supplies, medical:	
From naval medical supply depots	79
Inspection and storage of	34
Laws relating to	72
Regulations relating to	13, 72
Supply table:	
Articles embraced in	81–103
Instructions relating to	80
Surgeon of the fleet:	
Laws, regulations, and instructions relating to	25, 26
Sanitary duties of	107
Surgeons:	
Appointment of	21
Brigade, duties of	122
Examination of, for promotion	23
Supervising, duties of	34
Surgical operations, authority for	34
Surveys:	
On personnel—	
Instructions relating to	64, 138, 139
Regulations relating to	27, 64
On material—	
Instructions and regulations relating to	65, 130
Tables:	
Of physical proportions, examination for assistant surgeon	19
Of physical proportions, examination of recruits	57, 58
Supply, instructions relating to	80
Supply articles, on	81–103
Tabular statement, metric system	104
Tattoo marks, in recruits	62
Teeth:	
Requirements in candidates for appointment	48
Requirements in candidates for enlistment	55
Ticket, hospital, instructions relating to	133, 134
Tourniquet, regulation regarding	27
Uniform, at hospitals, how prescribed	35, 37
Urine, examination of	49, 51
Vaccination, regulations regarding	27
Vaccine virus, instructions relating to	80
Vision:	
Examination of, in recruits	55
Requirements in candidates for appointment as officers	20, 49
Requirements in candidates for appointment to Naval Academy	50, 51
Vouchers:	
Classification of	75
Instructions relating to	74, 77
Regulations relating to	72
Water:	
Examination of (regulation)	27
Of Malta	110
Supply of, for camps	110
Weights and measures:	
Laws authorizing	104
Metric, tabular statement of	104
Wines, regulation relating to	28
Wounded, transportation of, aboard ship	121

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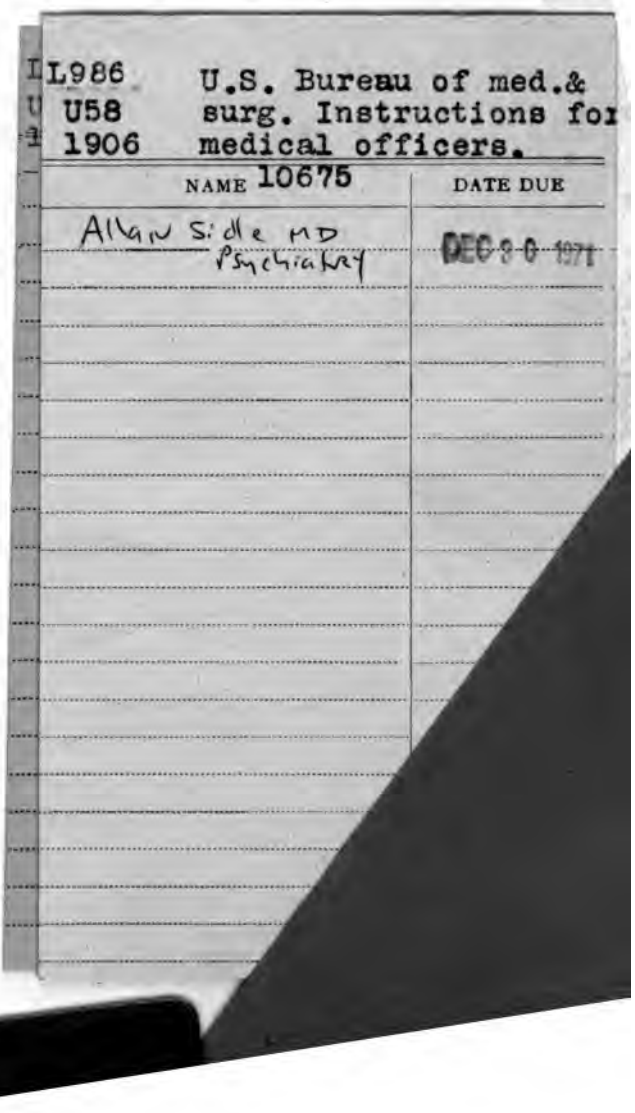
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